

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90143 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000031575**

1. Corporation Name  
**GOLDEN ARCH OF FLORIDA, INC.**



Principal Place of Business  
**ONE MCDONALD'S PLAZA  
 OAKBROOK IL 60521**

Mailing Address  
**P.O. BOX 66351  
 AMF O'HARE AIRPORT  
 CHICAGO IL 60666**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/26/1994**

4. FEI Number

**36-3950560**

Applied For  
 Not Applicable

5. Certificate of Status Desired  -

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	CONLEY, MICHAEL L	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PEARL, CARLETON D.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SANTONA, GLORIA M.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULL, MATTHEW H.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREENBERG, JACK M.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY-ST-ZIP	OAK BROOK IL 60523	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ALAN D. FELDMAN</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul J. Schaffhausen*  
**Paul J. Schaffhausen**  
 Asst. Vice President

04-13-99 (630) 623-3295  
 Date Daytime Phone #

CR2E034 (11/98)