## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P9400003157.5** GOLDEN ARCH OF FLORIDA, INC. 4-30-2001 90083 035 \*\*\*150.00 Principal Place of Business Mailing Address ONE MCDONALD'S PLAZA P.O. BOX 66351 OAKBROOK IL 60521 AMF O'HARE AIRPORT 752322 CHICAGO IL 60666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3950560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CONLEY, MICHAEL L NAME NAME STREET ADDRESS STREET ADDRESS ONE MCDONALD'S PLAZA CITY-ST-ZIP CITY-ST-7IP OAK BROOK IL 60523 V٢ TITLE ☐ Detete TITLE ☐ Change Addition RICHARD, MICHAEL D NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-74P OAK BROOK IL 60523 CiTY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change Addition NAME Santona, Gloria M. NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PAULL, MATTHEW H. NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete Change Addition FELDMAN, ALAN D NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-7IP OAK BROOK IL 60523 CITY-ST-ZIP TITLE Delete T!TLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 mostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attac

, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ASST.SECRETARY

4/24/01

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