2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 193606

Entity Name: BURGER KING CORPORATION

Current Principal Place of Business:

5505 BLUE LAGOON DRIVE

MIAMI, FL 33126

Current Mailing Address:

5505 BLUE LAGOON DRIVE MIAMI, FL 33126 US

FEI Number: 59-0787929 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR & CEO Title EVP & CHIEF FINANCIAL OFFICER

Name SCHWARTZ, DANIEL Name KOBZA, JOSHUA

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title DIRECTOR, GENERAL COUNSEL & Title VP & PRINCIPAL ACCOUNTING

SECRETARY OFFICER & CONTROLLER

Name GRANAT, JILL Name FRIESNER, JACKIE

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title VP & ASSISTANT SECRETARY Title VP, TAX

Name GILES-KLEIN, LISA Name GONZALEZ, ESTHER

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title TREASURER Title EVP & CHIEF MARKETING OFFICER

Name CACERES, BRIAN Name SCHWAN, AXEL

Address 5505 BLUE LAGOON DRIVE Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA GILES-KLEIN ASSISTANT SECRETARY 04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 08, 2014

Secretary of State

CC6155511007

Date

Officer/Director Detail Continued:

Title EVP & CHIEF INFORMATION & PERFORMANCE

OFFICER & CPO

Name GONCALVES, HEITOR

Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126

Title EVP & PRESIDENT, EMEA

Name CIL, JOSE

Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126

Title EVP & PRESIDENT, NORTH AMERICA

Name MACEDO, ALEXANDRE

Address 5505 BLUE LAGOON DRIVE

City-State-Zip: MIAMI FL 33126