

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0800000001

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC9227851655**

**Entity Name:** RTM OPERATING COMPANY, LLC

**Current Principal Place of Business:**

1155 PERIMETER CENTER WEST  
SUITE 1200  
ATLANTA, GA 30338

**Current Mailing Address:**

1155 PERIMETER CENTER WEST  
SUITE 1200  
ATLANTA, GA 30338

**FEI Number:** 26-1552790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BROWN, PAUL J  
Address 1155 PERIMETER CENTER WEST,  
STE 1200  
City-State-Zip: ATLANTA GA 30338

Title MANAGER  
Name LYNCH, ROB  
Address 1155 PERIMETER CENTER WEST  
SUITE 1200  
City-State-Zip: ATLANTA GA 30338

Title MANAGER  
Name OKESON, NILS H  
Address 1155 PERIMETER CENTER WEST  
SUITE 1200  
City-State-Zip: ATLANTA GA 30338

Title MANAGER  
Name PIPES, DAVID  
Address 1155 PERIMETER CENTER WEST  
SUITE 1200  
City-State-Zip: ATLANTA GA 30338

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NILS H. OKESON

**MANAGER**

**04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date