

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003565

Entity Name: BURGER KING HOLDINGS, INC.

Current Principal Place of Business:

5505 BLUE LAGOON DR
MIAMI, FL 33126

Current Mailing Address:

5505 BLUE LAGOON DR
MIAMI, FL 33126

FEI Number: 75-3095469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Date

Officer/Director Detail :

Title DIRECTOR AND CEO
Name HEES, BERNARDO
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title CFO
Name SCHWARTZ, DANIEL
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title CHIEF MARKETING OFFICER
Name FAUGERES, FLAVIA
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title GENERAL COUNSEL & SECRETARY
Name GRANAT, JILL
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title PRINCIPAL ACCOUNTING OFFICER &
 CONTROLLER
Name FRIESNER, JACKIE
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title ASSISTANT GENERAL COUNSEL &
 ASSISTANT SECRETARY
Name GILES-KLEIN, LISA
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name BEHRING, ALEXANDRE
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name FRANKLIN, MARTIN E
Address 5505 BLUE LAGOON DR
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 02/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRIBOURG, PAUL J
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name ALBERTO DA VEIGA SICUPIRA, CARLOS
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name VAN DAMME, ALEXANDRE
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title SVP, FINANCE
Name KOBZA, JOSHUA
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name CACERES, BRIAN
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name PARKER, ALAN
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name HERRMANN TELLES, MARCEL
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title CHIEF INFORMATION &
PERFORMANCE OFFICER
Name GONCALVES, HEITOR
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title VP, TAX
Name GONZALEZ, ESTHER
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY
Name BELL, HEILEEN
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126