

2017 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 & PRESIDENT
Name CIL, JOSE
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

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

Title DIRECTOR & SECRETARY
Name TOME, VICENTE
Address 5505 BLUE LAGOON DR
City-State-Zip: MIAMI FL 33126

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

Title ASSISTANT SECRETARY
Name GRANAT, JILL
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 SVP, CONTROLLER AND CHIEF
 ACCOUNTING OFFICER
Name FRIESNER, JACQUELINE
Address 5505 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title SENIOR DIRECTOR, FINANCE
Name ALTMANN, GEORGE
Address 5505 BLUE LAGOON DRIVE
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

**DIRECTOR & ASSISTANT 04/11/2017
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title HEAD OF TAX
Name SCHICHEL, MARK
Address 5505 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASSISTANT TREASURER
Name JOHN, ANDREA
Address 5505 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126