

1.) CORPORATION NAME:

BURGER KING CORPORATION

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0226540**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5505 BLUE LAGOON DRIVE

CITY/ST/ZIP: MIAMI, FL 33126

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LISA GILES-KLEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST S		
ADDRESS:	5505 BLUE LAGOON DR		
CITY/ST/ZIP/CO:	MIAMI, FL 33126		

NAME:	JILL GRANAT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Gen Counsel,Sec		
ADDRESS:	5505 BLUE LAGOON DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33126		

NAME:	BERNARDO HEES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, CEO		
ADDRESS:	5505 BLUE LAGOON DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33126		

NAME:	DANIEL SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, CFO		
ADDRESS:	5505 BLUE LAGOON DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33126		

NAME:	Flavia Faugeres	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, CMO		
ADDRESS:	5505 Blue Lagoon Drive		
CITY/ST/ZIP/CO:	Miami, VA 33126		

NAME:	Heitor Goncalves	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, CIO		
ADDRESS:	5505 Blue Lagoon Drive		
CITY/ST/ZIP/CO:	Miami, FL 33126		

NAME: Jackie Friesner TITLE: VP, Controller ADDRESS: 5505 Blue Lagoon Drive CITY/ST/ZIP/CO: Miami, FL 33126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Paulo Barbosa TITLE: TREASURER ADDRESS: 5505 Blue Lagoon Drive CITY/ST/ZIP/CO: Miami, FL 33126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Esther Gonzalez TITLE: VP, Tax ADDRESS: 5505 Blue Lagoon Drive CITY/ST/ZIP/CO: Miami, FL 33126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LISA GILES-KLEIN	LISA GILES-KLEIN, ASST S	5/4/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		