

1.) CORPORATION NAME:

**BURGER KING CORPORATION**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0226540**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: 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: 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
NAME: LISA GILES-KLEIN TITLE: ASST S ADDRESS: 5505 BLUE LAGOON DR CITY/ST/ZIP/CO: MIAMI, FL 33126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN CACERES TITLE: TREASURER ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BERNARDO HEES TITLE: EVP, CEO ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL SCHWARTZ TITLE: EVP, CFO ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: FLAVIA FAUGERES TITLE: EVP, CMO ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, VA 33126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HEITOR GONCALVES TITLE: EVP, CIO ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JILL GRANAT TITLE: DIRECTOR ADDRESS: 5505 BLUE LAGOON DRIVE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input type="checkbox"/> OFFICER	<input checked="" 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA GILES-KLEIN, ASST S PRINTED NAME AND CORPORATE TITLE	5/29/2013 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.		