


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002231**

1. Entity Name  
**CHAMPPS OPERATING CORPORATION**



Principal Place of Business <b>10375 PARK MEADOWS DRIVE          SUITE 560          LITTLETON, CO 80124-6791</b>	Mailing Address <b>10375 PARK MEADOWS DRIVE          SUITE 560          LITTLETON, CO 80124-6791</b>
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>41-1625130</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAUMHAUER, WILLIAM H 10375 PARK MEADOWS DR., STE. 560 LITTLETON, CO 80124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO DREIBHOLZ, FREDERICK J 10375 PARK MEADOWS DR., STE. 560 LITTLETON, CO 80124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DEPOIAN, DONNA L 10375 PARK MEADOW DR., STE. 560 LITTLETON, CO 80124
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100000120261  
 04/19/04-80126-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **4/2/04** DAYTIME PHONE #: **303-804-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR