

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

0658400 AT

04-28-2003 91445 038 ***150.00

DOCUMENT # F99000002360



1. Entity Name
SEE'S CANDY SHOPS, INCORPORATED

Principal Place of Business
**210 EL CAMINO REAL
SAN FRANCISCO CA 94080**

Mailing Address
**210 EL CAMINO REAL
SAN FRANCISCO CA 94080**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **95-1205740**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BUFFETT, WARREN E	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGGINS, CHARLES N	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAN DOREN, RICHARD	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	
TITLE	V	<input type="checkbox"/> Delete
NAME	AREVALO, DONNA	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	
TITLE	S	<input type="checkbox"/> Delete
NAME	TREMONT, JAMES F	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	
TITLE	TC	<input type="checkbox"/> Delete
NAME	SCOTT, KENNETH	
STREET ADDRESS	210 EL CAMINO REAL	
CITY-ST-ZIP	SAN FRANCISCO CA 94080	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED **KENNETH C. SCOTT** 4/23/03 (650)583-7307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS. & CFO Date Daytime Phone #

CR2E034 (10/02)