

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39760 (4)
1. Corporation Name
ROCKY MOUNTAIN CHOCOLATE FACTORY, INC.



Principal Place of Business: **265 TURNER DRIVE DURANGO CO 81301**
Mailing Address: **265 TURNER DRIVE DURANGO CO 81301**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **07/24/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **84-0910696**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Numbers Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CRAIL, FRANKLIN E.	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAFZIGER, RALPH L.	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENGLE, CLYDE WM.	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORTENSON, LEE N.	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIERNEY, GERALD M., JR.	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCOY, LORESA	
STREET ADDRESS	265 TURNER DRIVE	
CITY-ST-ZIP	DURANGO CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	PCDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Fred Trainor	
33 STREET ADDRESS	265 Turner Drive	
34 CITY-ST-ZIP	Durango, CO 81301	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Everett A. Sisson	
43 STREET ADDRESS	265 Turner Drive	
44 CITY-ST-ZIP	Durango, CO 81301	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Gerald A. Kien	
53 STREET ADDRESS	265 Turner Drive	
54 CITY-ST-ZIP	Durango, CO 81301	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Loresa McCoy* (Signature and typed or printed name of signing officer or director)
Loresa McCoy - Secretary
Date: **2/27/96** Daytime Phone #: **970-247-4943**

CR2E034 (12/95)