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 # **838071** **(9)**

1. Corporation Name

THE ORIGINAL COOKIE COMPANY, INCORPORATED

Principal Place of Business
5885 GRANT AVENUE
CLEVELAND OH. 44105

Mailing Address
5885 GRANT AVENUE
CLEVELAND OH. 44105

3. Date Incorporated or Qualified: **03/23/1977**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **95-3016438** [ ] Applied For [ ] Not Applicable
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. 199.032, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if an officer (NOTE: Registered Agent Signature required if the change is of) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	JAMES O'SULLIVAN	
STREET ADDRESS	5885 GRANT AVE.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	[X] DELETE
NAME	GERARD, NOEL	
STREET ADDRESS	5885 GRANT AVE.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	ST	[ ] DELETE
NAME	FULLER, DALE W	
STREET ADDRESS	5885 GRANT AVE	
CITY-ST-ZIP	CLEVELANDO OH	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[ ] Change [X] Addition
1.2 NAME	Dale W Fuller	
1.3 STREET ADDRESS	5885 Grant Ave	
1.4 CITY-ST-ZIP	Cleveland OH 44105	
2.1 TITLE	Vice President	[ ] Change [X] Addition
2.2 NAME	Patrick Knotts	
2.3 STREET ADDRESS	5885 Grant Ave	
2.4 CITY-ST-ZIP	Cleveland OH 44105	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: X [signature] Vice President 3-28-96 (216) 883-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)