FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:15

DOCUMENT # 858053 (2)

1. Corporation Name
MRS. FIELDS COOKIES, INC.

Principal Place of Business	Mailing Address
333 MAIN STREET P.O. BOX 4000 PARK CITY UT 84060	333 MAIN STREET P.O. BOX 4000 PARK CITY UT 84060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1983
3a. Date of Last Report: 02/02/1994

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

4. FEI Number: 94-2534926 ☐ 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 ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	~~FEY, THOMAS H~~	12 NAME	Larry A. Hodges
STREET ADDRESS	333 MAIN ST	13 STREET ADDRESS	333 Main Street
CITY-ST-ZIP	~~PARK CITY UT~~	14 CITY-ST-ZIP	Park City, UT 84060
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CLISSOLD, EDWARD L.	22 NAME	
STREET ADDRESS	333 MAIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PARK CITY UT	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Director ☒ Change ☐ Addition
NAME	~~FEY, THOMAS H~~	32 NAME	Larry A. Hodges
STREET ADDRESS	333 MAIN ST	33 STREET ADDRESS	333 Main Street
CITY-ST-ZIP	~~PARK CITY UT~~	34 CITY-ST-ZIP	Park City, UT 84060
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PIERCE, L. TIM	42 NAME	
STREET ADDRESS	333 MAIN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PARK CITY UT	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: C T Corporation System 1-19-95 (561) 645-2399
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0491198 - FN