

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000001175**
 1. Entity Name
HOBBY LOBBY CO.

Principal Place of Business Mailing Address
7707 SW 44TH **7707 SW 44TH**
OKLAHOMA CITY OK 73179 **OKLAHOMA CITY OK 73179**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **73-1572479** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name ~~Corporation Service Company~~
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee** FL Zip Code **32301**

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.

SIGNATURE *Laura R. Dunlap*
Signature, typed or printed name of registered agent and title if applicable.

Laura R. Dunlap
as its agent

DATE **4/29/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	CDP GREEN, MART D	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		
TITLE	DV GREEN, DAVID M	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		
TITLE	DV GREEN, BARBARA A	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		
TITLE	DVST GREEN, STEVEN T	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		
TITLE	D LETT, DARSEE	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		
TITLE	VS DOBELBOWER, PETER M	<input type="checkbox"/> Delete
NAME	7707 SW 44TH STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73179	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			
CITY-ST-ZIP			
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			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRES VP & CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)