2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90031 002 ***150.00

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1. Entity Name
OTIS SPUNKMEYER, INC.

Principal Place of Business	Mailing Address
14490 CATALINA STREET SAN LEANDRO, CA 94577	14490 CATALINA STREET SAN LEANDRO, CA 94577

01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2536513
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPE, ANDREW
STREET ADDRESS	10 SOUTH WALKER DR., STE 3175
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	PD
NAME	SCHIAVO, JOHN
STREET ADDRESS	14490 CATALINA STREET
CITY-ST-ZIP	SAN LEANDRO, CA 94577
TITLE	VCFO
NAME	~~MORLOCK, STEVE~~ Ahmad Hamade
STREET ADDRESS	14490 CATALINA STREET
CITY-ST-ZIP	SAN LEANDRO, CA 94577
TITLE	~~V~~ D
NAME	~~CROSBY, ROBERT~~ Steven Brown
STREET ADDRESS	~~14490 CATALINA STREET~~ 10 South Walker DR.
CITY-ST-ZIP	~~SAN LEANDRO, CA 94577~~ Ste 3175, Chicago, IL 60606
TITLE	VS
NAME	RICKS, STEPHEN A
STREET ADDRESS	14490 CATALINA STREET
CITY-ST-ZIP	SAN LEANDRO, CA 94577
TITLE	~~V~~ D
NAME	~~ZAKIAN, JAMES~~ Danielle Cupps
STREET ADDRESS	~~14490 CATALINA STREET~~ 10 S. Walker Dr.
CITY-ST-ZIP	~~SAN LEANDRO, CA 94577~~ Ste 3175, Chicago, IL 60606

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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: _____ STEVE RICKS 1/21/05 510357-9836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #