


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001731
 1. Entity Name
 BUILD-A-BEAR WORKSHOP FOUNDATION, INC.



Principal Place of Business Mailing Address
 1954 INNERBELT BUSINESS CENTER DR. 1954 INNERBELT BUSINESS CENTER DR.
 ST. LOUIS, MO 63114 ST. LOUIS, MO 63114

DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 33-1007188 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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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)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP CLARK, MAXINE 1954 INNERBELT BUSINESS CENTER DR. ST. LOUIS, MO 63114
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV ERDOS, BARRY 1954 INNERBELT BUSINESS CENTER DR. ST. LOUIS, MO 63114
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT KLOCKE, TINA 1954 INNERBELT BUSINESS CENTER DR. ST. LOUIS, MO 63114
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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000000350325
 05/02/05-80100-010 61.25

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 617, 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: Tina Klocke TINA KLOCKE 04/27/05 314-423-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #