


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90112 029 ****61.25

DOCUMENT # F03000001731

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



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

Mailing Address
**1954 INNERBELT BUSINESS CENTER DR.
 ST. LOUIS, MO 63114**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number
33-1007188

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, MAXINE			NAME	CLARK, MAXINE (EMERITUS)		
STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.			STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.		
CITY-ST-ZIP	ST. LOUIS, MO 63114			CITY-ST-ZIP	ST. LOUIS, MO 63114		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAY, SCOTT			NAME	SEAY, SCOTT		
STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.			STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.		
CITY-ST-ZIP	ST. LOUIS, MO 63114			CITY-ST-ZIP	ST. LOUIS, MO 63114		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLOCKE, TINA			NAME	KLOCKE, TINA		
STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.			STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.		
CITY-ST-ZIP	ST. LOUIS, MO 63114			CITY-ST-ZIP	ST. LOUIS, MO 63114		
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELDER, DARLENE			NAME			
STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63114			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	SHURTLEFF, MARK		
STREET ADDRESS				STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.		
CITY-ST-ZIP				CITY-ST-ZIP	ST. LOUIS, MO 63114		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	SCHWARTZ, NANCY		
STREET ADDRESS				STREET ADDRESS	1954 INNERBELT BUSINESS CENTER DR.		
CITY-ST-ZIP				CITY-ST-ZIP	ST. LOUIS, MO 63114		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Shurtleff **MARK SHURTLEFF** 04/17/08 314-423-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #