


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 002 ***550.00

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| DOCUMENT # F04000005756 |  |
| 1. Entity Name COSI, INC. | |

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| Principal Place of Business 1751 LAKE COOK RD., SUITE 650 DEERFIELD, IL 60015 | Mailing Address 1751 LAKE COOK RD., SUITE 650 DEERFIELD, IL 60015 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

40112449



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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07212008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 06-1393745 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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|------------------|--------------------------------------------------------------|------------|
| SIGNATURE: _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MERRITT, ROBERT 1751 LAKE COOK RD., STE 650 DEERFIELD, IL 60015 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JAMES HYATT, II 1701 LAKE COOK RD, STE. 650 DEERFIELD, IL 60015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MELOTT, GILBERT 1751 LAKE COOK RD., STE 650 DEERFIELD, IL 60015 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KOZIEL, WILLIAM 1751 LAKE COOK RD., STE 650 DEERFIELD, IL 60015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C FORREST, WILLIAM D 1751 LAKE COOK RD., STE 650 DEERFIELD, IL 60015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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.

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| SIGNATURE: _____ | 7/30/08 847/444/3700 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM KOZIEL | Date Daytime Phone # |