

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003004 (9)**

1. Corporation Name
UNO RESTAURANTS, INC.



Principal Place of Business: **100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4985**
Mailing Address: **100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4985**

3. Date Incorporated or Qualified: **06/29/1993**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **04-2662934**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

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

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (Signature required if not on file) _____
Signature of Registered Agent (Signature required if not on file) _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, CRAIG S	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-STATE-ZIP	WEST ROXBURY MA 02132	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALLUCCI, WILLIAM A	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-STATE-ZIP	WEST ROXBURY MA 02132	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JOHN O	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-STATE-ZIP	WEST ROXBURY MA 02132	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	RICH, CHARLES B	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-STATE-ZIP	WEST ROXBURY MA 02132	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPENCER, AARON D	
STREET ADDRESS	100 CHARLES PARK ROAD	
CITY-STATE-ZIP	WEST ROXBURY MA 02132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
7. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
5. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE	V/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	Damon M. Liever	
63. STREET ADDRESS	100 Charles Park Road	
64. CITY-STATE-ZIP	West Roxbury, MA 02132	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John O. Cunningham* Vice President, General Counsel & Clerk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John O. Cunningham
Date: **2/2/96** Date of Filing: **617-323-9200**

CR2E034 (12/95)