

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 02132-4965**  
Mailing Address: **100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4902**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/29/1993</b>	3a. Date of Last Report <b>02/14/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>04-2662934</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D, V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CRAIG S	1.2 NAME	BROWN, ROBERT M.
STREET ADDRESS	100 CHARLES PARK ROAD	1.3 STREET ADDRESS	100 Charles Park Road
CITY-ST-ZIP	WEST ROXBURY MA 02132	1.4 CITY-ST-ZIP	West Roxbury, MA 02132
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLUCCI, WILLIAM A	2.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, JOHN O	3.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, AARON D	4.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEVER, DAMON M.	5.2 NAME	
STREET ADDRESS	100 CHARLES PARK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 **REQUIRED** 1-31-97 617-323-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 John O. Cunningham, Vice President, General Counsel & Secretary Date: Daytime Phone #

CR2E034 (9/96)