

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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 02132-4985	Mailing Address 100 CHARLES PARK ROAD WEST ROXBURY MA 02132-4985
------------------------------------------------------------------------------------	------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1993	
4. FEI Number 04-2662934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT M.	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	1.4 CITY-ST-ZIP	West Roxbury, MA
TITLE	V	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	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	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	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		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T.O. Vincent, Robert
STREET ADDRESS		6.3 STREET ADDRESS	100 Charles Park Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Roxbury, MA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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: Robert M. Vincent FRANK M. Vincent Senior V.P.-Finance Date: 1/20/98 617-323-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000546

CR2E034 (10/97)