

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

FILED

May 06 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 # F95000001135 (1)

1. Corporation Name

EINSTEIN/NOAH BAGEL CORP.

Principal Place of Business

1526 COLE BLVD
SUITE 20
GOLDEN CO 80401

Mailing Address

1526 COLE BLVD
SUITE 20
GOLDEN CO 80401-3412



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 14123 Denver West Pkwy.		26 14123 Denver West Pkwy.		03/09/1995		05/30/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Golden, Colorado		28 Golden, Colorado		84-1294908		Not Applicable	
24 80401		29 80401		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				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	P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COLANGELO, DANIEL V.		1.2 NAME	Mark Goldston			
STREET ADDRESS	522 HIGHLAND AVE.		1.3 STREET ADDRESS	14123 Denver West Pkwy.			
CITY-ST-ZIP	BOULDER CO 80302		1.4 CITY-ST-ZIP	Golden, CO 80401			
TITLE	C/D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAIG, KYLE T.		2.2 NAME				
STREET ADDRESS	25088 FOOTHILLS DR. N.		2.3 STREET ADDRESS				
CITY-ST-ZIP	GOLDEN CO 80401		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECK, SCOTT A.		3.2 NAME				
STREET ADDRESS	809 11TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOULDER CO 80302		3.4 CITY-ST-ZIP				
TITLE	V/S	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRASEN, PAUL A.		4.2 NAME				
STREET ADDRESS	6 WHITE ALDER		4.3 STREET ADDRESS				
CITY-ST-ZIP	LITTLETON CO 80127		4.4 CITY-ST-ZIP				
TITLE	V/S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALAM, JOEL M.		5.2 NAME				
STREET ADDRESS	5 BLUE FAX		5.3 STREET ADDRESS				
CITY-ST-ZIP	LITTLETON CO 80127		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEININGER, TED		6.2 NAME				
STREET ADDRESS	1075 S. PITKIN AVE.		6.3 STREET ADDRESS				
CITY-ST-ZIP	SUPERIOR CO 80027		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0496761

CR2E034 (9/96)