

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91479 010 ***150.00

0667378 AT

DOCUMENT # F96000002923

1. Entity Name
JENNY CRAIG OPERATIONS, INC.



Principal Place of Business
**11355 NORTH TORREY
PINES RD.
LA JOLLA CA 92038
US**

Mailing Address
**11355 NORTH TORREY PINES ROAD
LA JOLLA CA 92037
US**



2. Principal Place of Business
5770 Fleet Street
Suite, Apt. #, etc.

3. Mailing Address
5770 Fleet Street
Suite, Apt. #, etc.

City & State
Carlsbad, CA

City & State
Carlsbad CA

4. FEI Number **33-0686391**

Applied For
Not Applicable

Zip
92008

Country

Zip
92008

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **KELLY, JAMES**
STREET ADDRESS **11355 NORTH TORREY PINES ROAD**
CITY-ST-ZIP **LA JOLLA CA**

TITLE Change Addition
NAME **KELLY, JAMES**
STREET ADDRESS **5770 Fleet Street**
CITY-ST-ZIP **Carlsbad, CA 92008**

TITLE Delete
NAME **DC CRAIG, SIDNEY**
STREET ADDRESS **11355 NORTH TORREY PINES RD.**
CITY-ST-ZIP **LA JOLLA CA**

TITLE Change Addition
NAME **D CRAIG, SIDNEY**
STREET ADDRESS **5770 Fleet Street**
CITY-ST-ZIP **Carlsbad, CA 92008**

TITLE Delete
NAME **D CRAIG, GENEVIEVE**
STREET ADDRESS **11355 NORTH TORREY PINES ROAD**
CITY-ST-ZIP **LA JOLLA CA 92037**

TITLE Change Addition
NAME **D, CEO EVANS, JAMES**
STREET ADDRESS **5770 Fleet Street**
CITY-ST-ZIP **Carlsbad, CA 92008**

TITLE Delete
NAME **S SEARS, MARVIN**
STREET ADDRESS **2049 CENTRUY PARK EAST, SUITE 3200**
CITY-ST-ZIP **LOS ANGELES CA 90067-3206**

TITLE Change Addition
NAME **S SHENDER, LEWIS**
STREET ADDRESS **5770 Fleet Street**
CITY-ST-ZIP **Carlsbad, CA 92008**

TITLE Delete
NAME **P LARCHET, PATTI**
STREET ADDRESS **11355 N TORREY PINES RD**
CITY-ST-ZIP **LA JOLLA CA**

TITLE Change Addition
NAME **P LARCHET, PATTI**
STREET ADDRESS **5770 Fleet Street**
CITY-ST-ZIP **Carlsbad, CA 92008**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 760-696-4000

Date

Daytime Phone #

CR2E034 (10/02)