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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS (2

1996

P00761 **DOCUMENT #** Corporation Name

(7)

THE ORIGINAL GREAT AMERICAN CHOCOLATE CHIP COOKI E COMPANY OF GEORGIA

Principal Place of Business Mailing Address 4685 FREDERICK DRIVE. SW 4685 FREDERICK DRIVE, S.W. ATLANTA GA 30336 ATLANTA GA 30336 HS 3. Date incorporated or Qualified 3a. Date of Last Report 01/31/1984 03/14/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 58-1295221 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032 Country Country Ζip ☐ Yes ☐ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE-HALL CORPORATION SYSTEM INC. 82 1201 HAYS STREET 83 SUITE 105 TALLAHASSEE FL 32301 85 Zip Code 84 City Fl 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE regumed when renstating go TE Hagistered Agent signature Signature, typed or printed harve of registrical agend and title if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change 1.111116 D DELETE TITLE PD 1.2 NAME KARP, ARTHUR S. NAME 13 STREET ADDRESS 4685 FREDERICK DR., SW STREET ADDRESS 1.4 CHY - \$1-7IP ATLANTA GA CITY-ST-ZIP Change Addition DELETE 2 1 THILE VIS TITLE BARR, DAVID B. 2.2 NAME NAME 2.3 STREET ADDRESS 4685 FREDERICK DR., SW STREET ADDRESS 2.4 CHY - ST - ZIP ATLANTA GA CITY - ST - ZIP Change ☐ Addition DELETE 3 1 THILE TITLE ANSLEY, BETTY W. NAME 3.3 STREET ADDRESS 4685 FREDERICK DR., SW STREET ACORESS 3.4 CITY - \$1- ZIP atlanta ga CITY - ST - ZIP □ Addition Change DELETE 4 1 TITLE Dν TIFLE 4.2 NAME MAX, ADAM E NAME 9 W 57 STR, 40TH FLOOR 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 4.4 City St-7P CITY-SI-ZIF Change Addition DELETE 5 1 THILE TITLE QUINN, THOMAS H 5.2 NAME NAME 5.3 STREET ADDRESS 1715 LAKE COOK RD, STE 550 STREET ADDRESS 54 CITY - ST- ZIP DEERFIELD IL CITY-ST-ZIP ☐ Change Addition DELETE 6 1 TO LE TITLE 6.2 NAME LYNCH, THOMAS H. NAME 6.3 STREET ADDRESS 4685 FREDERICK DR SW STHEET ADDRESS 6.4 CITY - ST-ZIP 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 as supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the consort of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annears in Block 12 or Block 13 if guanded in the consort of the ATLANTA GA CITY - ST- ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

appears in Block 12 or Block 13 if

ment with an address

David B. Barr

404 696-1700

Continue Ptions N

(12/95) CR2E034