

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

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90012 005 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00761**

1. Corporation Name

**THE ORIGINAL GREAT AMERICAN CHOCOLATE CHIP COOKI  
E COMPANY OF GEORGIA**

Principal Place of Business  
4685 FREDERICK DRIVE. S.W.  
ATLANTA GA 30336

Mailing Address  
4685 FREDERICK DRIVE. SW  
ATLANTA GA 30336  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1984**

4. FEI Number

**58-1295221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

**21** 2855 E. Cottonwood Pkwy

Suite, Apt. #, etc.

**22** Suite 400

City & State

**23** Salt Lake City, UT

Zip

**24** 84121

Country

**25** Salt Lake

2a. Mailing Address

**26** 2855 E. Cottonwood Pkwy

Suite, Apt. #, etc.

**27** Suite 400

City & State

**28** Salt Lake City, UT

Zip

**29** 84121

Country

**30** Salt Lake

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KARP, ARTHUR S.</b>	
STREET ADDRESS	<b>4685 FREDERICK DR., SW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARR, DAVID B.</b>	
STREET ADDRESS	<b>4685 FREDERICK DR., SW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANSLEY, BETTY W.</b>	
STREET ADDRESS	<b>4685 FREDERICK DR., SW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAX, ADAM E</b>	
STREET ADDRESS	<b>9 W 57 STR, 40TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUINN, THOMAS H</b>	
STREET ADDRESS	<b>1715 LAKE COOK RD, STE 550</b>	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYNCH, THOMAS H.</b>	
STREET ADDRESS	<b>4685 FREDERICK DR SW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Larry Hodges</b>	
1.3 STREET ADDRESS	<b>2855 E. Cottonwood Pkwy, Suite 400</b>	
1.4 CITY-ST-ZIP	<b>Salt Lake City, UT 84121</b>	
2.1 TITLE	<b>Vice President/Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Michael Ward</b>	
2.3 STREET ADDRESS	<b>2855 E. Cottonwood Pkwy, Suite 400</b>	
2.4 CITY-ST-ZIP	<b>Salt Lake City, UT 84121</b>	
3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Larry Hodges</b>	
3.3 STREET ADDRESS	<b>Same as above</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Michael Ward</b>	
4.3 STREET ADDRESS	<b>Same as above</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

**Michael Ward**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/99** (801) 736-5711  
Date Daytime Phone #

CR2E034 (11/98)