FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 20 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16153 (9)

1. Corporation Name
GLORIA JEAN'S GOURMET COFFEES CORP.

Principal Place of Business	Mailing Address
ATTN: GENERAL COUNSEL 1001 ASBURY DRIVE BUFFALO GROVE IL 60089 US	ATTN: GENERAL COUNSEL 1001 ASBURY DRIVE BUFFALO GROVE IL 60089 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/29/1987
3a. Date of Last Report: 02/09/1994
4. FEI Number: 36-3185413 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☐ Addition
NAME	BOYER, DENNIS L	12 NAME	
STREET ADDRESS	1001 ASBURY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	P ☐ Change ☐ Addition
NAME	LEARY, KEVIN J	22 NAME	WAYMAN, JAMES M.
STREET ADDRESS	1001 ASBURY DRIVE	23 STREET ADDRESS	2255 Glades Road
CITY-ST-ZIP	BUFFALO GROVE IL	24 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CLEARLY, STEPHEN L	32 NAME	500001410385
STREET ADDRESS	1001 ASBURY DRIVE	33 STREET ADDRESS	-02/20/95--01061--013
CITY-ST-ZIP	BUFFALO GROVE IL	34 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NEWTON, RAY E III	42 NAME	
STREET ADDRESS	1001 ASBURY DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

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)(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: _____ Stephen L. Cleary 1/23/95 708/808-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #