

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P24521 (7)**

1. Corporation Name:  
**CHOCK FULL O'NUTS CORPORATION**



Principal Place of Business: **370 LEXINGTON AVENUE NEW YORK NY 10017**  
Mailing Address: **370 LEXINGTON AVENUE NEW YORK NY 10017**

3. Date Incorporated or Qualified: **05/26/1989**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **13-0697025**  
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. 193.032, Florida Statutes:  Yes  No

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

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 637.0502 and 637.1508, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>HAAS, MARVIN I</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>KASSAR, RICHARD</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>LEITNER, HOWARD M.</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>CULLEN, MARTI J</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CULLEN, MARTIN J.</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ALEXANDER, NORMAN E.</b>	
STREET ADDRESS	<b>370 LEXINGTON AVENUE</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE	<b>SENIOR VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 19.07(3)(g), 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: *Howard Leitner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HOWARD LEITNER - Senior Vice President**  
Date: **2/1/96** (212) 532-0300

CR2E034 (12/95)