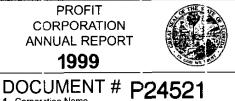
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90165 044 ***150.00

CHOCK Principal Flac	FULL O'NUTS CORPORATION OF THE OF Business	ON Mailing Address	_							
370 LEXINGTO		370 LEXINGTON AVENUE								
NEW YORK NY 10017 NEW YORK NY 10017							DO NOT WR	ITE IN TH	IIS SDACE	
						3 Date Inc	corporated or Qualifed		IS SPACE	
						05/26	•			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI N.I				Applied For
21		26				13-06	97025		1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifica	te of Status Desired			/ dditional
22		27								Required
City & Stat	le	City & State					Campaign Financing			May Be
23			Count	n.		 -	and Contribution			to Fees
Zip	Country 25	29	30	ıı y			rporation owes the cur al Property Tax.	rent year	Yes	□No
24	9. Name and Address of Curren		1301		—		and Address of New	Register	d Agent	
			8	I N	ame					
	PRENTICE-HALL CORPORATION	SYSTEM, INC.	8	12 St	reet A de	Iress (P.O. Bor	Number is Not Accept	able)		
	1 HAYS STREET		ľ	~ ~	1661 730		110,11001 10 110111000 p.			
SUITE 105			8	33		•				
TALI	LAHASSEE FL 32301		B	34 C	tv –				. 85 Zir	o Code
	to the provisions of Sections 607.050				•			F		:
SIGNATURE	Signature, typed or printed n ime of registered ager OFFICERS AN	and title if applicable. (NO DIRECTORS	E: Registered A	gent sign	eture rec uir	ADDITIO	NS/CHANGES TO OF	FICERS		
TITLE	P	☐ DELETE	1.1 TITLE	E					Change	e
NAME	HAAS, MARVIN I		1 2 NAM	E						
STREET ADDR ESS	1		1.3 STR	EET ADD	RESS					
CITY-ST-ZIP	NEW YORK NY		1 4 CITY							e
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ DELETE	2.1 TITU		Ì				☐ Change	3 Madamon
NAME	KASSAR, RICHARD		2.2 NAM							
STREET ADDR :SS			2.3 STRI		ļ					
CITY-ST-ZIP	NEW YORK NY SVP		2.4 CITY 3.1 TITLI		<u>'</u>				Change	e Addition
TITLE	LEITNER, HOWARD M.	_ belefie	3.2 NAM						L 4	_
NAME STREET ADDRESS	TARATI EVINIATANI AMENINE	-	3.3 STRI	_	BESS		•			
STREET ADDRESS City-St-ZIP	NEW YORK NY		3.4. CITY							İ
TITLE	VST	DELETE	4.1 TITLE						☐ Change	e Addition
NAME	CULLEN, MARTI J		4, 2 NAN	Ι Ε						
STREET ADDRESS	AZA LEVANIATANI AVENUE		4.3 STRI	EET ADD	RESS					
CITY-ST-ZIP	NEW YORK NY		4.4 CITY	- ST- ZIP						
TITLE	D	☐ DELETE	5.1 TITL	E				_	☐ Change	e Addition
NAME	CULLEN, MARTIN J.		5.2 NAM							
STREET ADDR-:SS			5 3 STR							
CITY-ST-ZIP	NEW YORK NY		5.4 CITY							
TITLE	D NEW MORE MORE TO	☐ DELETE	61 TITLI						Change	e
NAME	ALEXANDER, NORMAN E.		6.2 NAM		DEBO					
CTOCCT ADDOUGE	1 370 LEYINGTON AVENUE		6.3 STRI	EE I ADD	KESS					

14. Hereity certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NEW YORK NY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Leitner-Senior Vice President 4/21/99 (212)532-0300