FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P24521 1. Entity Name 05-16-2001 90022 011 ***150.00 CHOCK FULL O'NUTS CORPORATION Principal Place of Business Mailing Address 370 LEXINGTON AVENUE 370 LEXINGTON AVENUE 550340 NEW YORK NY 10017 ... NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address 500 Mamaroneck Avenue 500 Mamaroneck Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Harrison, New York <u>Harrison</u>, New York Applied For 4. FEI Number City & State City & State 13-0697025 10528 USA 10528 USA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS [X] Change ☐ Addition **PCEO** □ Delete TITLE TITLE NAME BACK, HENK D 500 Mamaroneck Avenue STREET ADDRESS 370 LEXINGTON AVE Harrison, NY 10528 CITY-ST-ZIP NEW YORK NY 10017 X Change ☐ Addition TITLE SVPC Delete NAME LOCKE, STANLEY STREET ADDRESS 370 LIXINGTON AVE 500 Mamaroneck Avenue CITY-ST-7IP NEW YORK NY 10017 Harrison,NY 10528 X Change ☐ Addition **VPS** ☐ Delete TITLE PALMORE, RODERICK NAME 500 Mamaroneck Avenue STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS 370 LIXINGTON AVE CITY-ST-ZIP Harrison, NY 10528 CITY-ST-ZIP NEW YORK NY 10017 X Change ☐ Addition ☐ Delete TITLE TITLE **VPT** NAME PALMORE, RODERICK STREET ADDRESS STREET ADDRESS 500 Mamaroneck Avenue 370 LEXINGTON AVE CITY-ST-ZIP CITY-ST-ZIP Harrison, NY 10528 NEW YORK NY 10017 TITLE ☐ Delete TITLE Change ☐ Addition NAME BAC K, HENK D NAME 500 Mamaroneck Avenue STREET ADDRESS STREET ADDRESS 370 LEXINGTON AVENUE Harrison, NY 10528 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY X7 Change ☐ Addition ☐ Delete TITLE TITLE LOCKE, STANLEY NAME NAME STREET ADDRESS STREET ADDRESS 500 Mamaroneck Avenue 370 LEXINGTON AVENUE CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Harrison, NY 10528

13. 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 report or suppliemental 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 truettee and powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ke traior Vice President/CFO SIGNATURE: Stanley Docked

SIGNATURE AND

05/03/01 (914)670-3300

Date

Daytime Phone #

CR2E034 (10/00)