

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90022 011 \*\*\*150.00

**DOCUMENT # P24521**

1. Entity 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
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**550340**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 Mamaroneck Avenue Suite, Apt. #, etc. Harrison, New York	3. Mailing Address 500 Mamaroneck Avenue Suite, Apt. #, etc. Harrison, New York
City & State 10528 USA	City & State 10528 USA

4. FEI Number 13-0697025	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO BACK, HENK D 370 LEXINGTON AVE NEW YORK NY 10017</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC LOCKE, STANLEY 370 LIXINGTON AVE NEW YORK NY 10017</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS PALMORE, RODERICK 370 LIXINGTON AVE NEW YORK NY 10017</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT PALMORE, RODERICK 370 LEXINGTON AVE NEW YORK NY 10017</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAC K, HENK D 370 LEXINGTON AVENUE NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKE, STANLEY 370 LEXINGTON AVENUE NEW YORK NY</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Mamaroneck Avenue Harrison, NY 10528</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Mamaroneck Avenue Harrison, NY 10528</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Mamaroneck Avenue Harrison, NY 10528</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Mamaroneck Avenue Harrison, NY 10528</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Mamaroneck Avenue Harrison, NY 10528</b>

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 supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley Locke, Senior Vice President/CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/01 (914)670-3300  
Date Daytime Phone #

CR2E034 (10/00)