

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90782 028 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

*CHOCH FULL NUTS CORPORATION*

*P24521*

Principal Place of Business

*C/O SARA LEE CORP TAX DEPT.  
 CHICAGO IL 60602  
 US*

Mailing Address

*C/O SARA LEE CORP TAX DEPT.  
 CHICAGO IL 60602  
 US*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*13-0697025*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	R. Henry KLEEMAN	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	RODERICK A. PALMORE	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P & CEO	HENK deBACK	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	DIANA FERLUSON	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AS	MARY NICHOLS	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
AS	GILBERT ROJO	c/o Sara Lee Corp. Tax Dept. Three First National Plaza Chicago, IL 60602-4261		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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.

**Assistant Secretary**

SIGNATURE:

*Mary Nichols*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/02*

*312-726-2600*

Date

Daytime Phone #

CR2E034 (9/01)