FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26539 (7)

1. Corporation Name
JENNY CRAIG WEIGHT LOSS CENTRES, INC.

Principal Place of Business
445 MARINE VIEW DRIVE, SUITE 300
DEL MAR CA 92014

Mailing Address
445 MARINE VIEW DRIVE, SUITE 300
DEL MAR CA 92014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1989	3a. Date of Last Report: 04/21/1994
4. FEI Number: 95-3949190	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	11 TITLE	D [X] Change ☐ Addition
NAME	CRAIG, JENNY	12 NAME	CRAIG, JENNY
STREET ADDRESS	445 MARINE VIEW AVE.	13 STREET ADDRESS	445 MARINE VIEW AVE.
CITY-ST-ZIP	DEL MAR CA	14 CITY ST ZIP	DEL MAR CA 92014
TITLE	V	21 TITLE	V/T [X] Change ☐ Addition
NAME	MALLEN, W. JAMES	22 NAME	JEUB, MICHAEL
STREET ADDRESS	445 MARINE VIEW AVE.	23 STREET ADDRESS	445 MARINE VIEW AVE.
CITY-ST-ZIP	DEL MAR CA	24 CITY ST ZIP	DEL MAR CA 92014
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	CRAIG, SIDNEY	32 NAME	
STREET ADDRESS	445 MARINE VIEW AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DEL MAR CA	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	DESTRAY, ELLEN	42 NAME	
STREET ADDRESS	445 MARINE VIEW AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	DEL MAR CA	44 CITY ST ZIP	
TITLE	VP	51 TITLE	V [X] Change ☐ Addition
NAME	PALMER, JAMES A.	52 NAME	KELLY, JAMES
STREET ADDRESS	445 MARINE VIEW AVE	53 STREET ADDRESS	445 MARINE VIEW AVE.
CITY-ST-ZIP	DEL MAR CA	54 CITY ST ZIP	DEL MAR CA 92014
TITLE		61 TITLE	P ☐ Change [X] Addition
NAME		62 NAME	LABONTE, JOSEPH
STREET ADDRESS		63 STREET ADDRESS	445 MARINE VIEW AVE.
CITY-ST-ZIP		64 CITY ST ZIP	DEL MAR CA 92014

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 119.07(3)(k), 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: [signature] JAMES KELLY 5/1/95 619-259-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401003 FP