

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90123 046 ***150.00

DOCUMENT # F01000003359

1. Entity Name
EINSTEIN AND NOAH CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1687 Cole Boulevard

3. Mailing Address
1687 Cole Boulevard

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Golden, CO

City & State
Golden, CO

4. FEI Number
22-3807874

Applied For
Not Applicable

Zip
80401

Country
USA

Zip
80401

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

City
Tallahassee FL Zip Code
32301

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
P, D, C
Anthony D. Wedo
STREET ADDRESS
1687 Cole Boulevard
CITY-ST-ZIP
Golden, CO 80401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
V, S
Michael L. Konig
STREET ADDRESS
246 Industrial Way West
CITY-ST-ZIP
Eatontown, NJ 07724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
V
Kathryn R. Lockhart
STREET ADDRESS
1687 Cole Boulevard
CITY-ST-ZIP
Golden, CO 80401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
V
Paul J.B. Murphy III
STREET ADDRESS
1687 Cole Boulevard
CITY-ST-ZIP
Golden, CO 80401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn R Lockhart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02
Date

303-568-8000
Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**