


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90013 008 \*\*\*150.00

DOCUMENT # F01000003359			
1. Entity Name EINSTEIN AND NOAH CORP.			
Principal Place of Business 1687 COLE BOULEVARD GOLDEN, CO 80401		Mailing Address 1687 COLE BOULEVARD GOLDEN, CO 80401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3807874		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDO, ANTHONY D	NAME	
STREET ADDRESS	1687 COLE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	GOLDEN, CO 80401	CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIG, MICHAEL L	NAME	
STREET ADDRESS	246 INDUSTRIAL WAY WEST	STREET ADDRESS	
CITY-ST-ZIP	EATONTOWN, NJ 07724	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, KATHRYN R	NAME	
STREET ADDRESS	1687 COLE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	GOLDEN, CO 80401	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY III, PAUL J B	NAME	
STREET ADDRESS	1687 COLE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	GOLDEN, CO 80401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jill B.W. Sisson
STREET ADDRESS		STREET ADDRESS	1687 Cole Boulevard
CITY-ST-ZIP		CITY-ST-ZIP	Golden, CO 80401
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Kathryn B. Lockhart</i>		Date: 3/1/04	Daytime Phone #: 303.568.8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #