

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F9500000135**

1. Corporation Name  
**EINSTEIN BROS. BAGELS, INC**

Principal Place of Business: **1526 COLE BLVD**  
Mailing Address: **1526 COLE BLVD**

2. Principal Place of Business: **1526 COLE BLVD**  
21. Suite, Apt. #, etc.  
22. City & State: **GOLDEN CO**  
23. Zip: **80401**  
24. Country: **USA**

2a. Mailing Address: **1526 COLE BLVD**  
26. Suite, Apt. #, etc.  
27. City & State: **GOLDEN CO**  
28. Zip: **80401**  
29. Country: **USA**

3. Date Incorporated or Qualified: **2/2/95**  
3a. Date of Last Report  
4. FEI Number: **84-1294908**  
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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH 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. **400001845504  
-05/31/96--01020--027**  
84. City: **\*\*\*225.00** 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. Thereby 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>PD DANIEL V COLANGELO</b>
13. STREET ADDRESS	<b>522 HIGHLAND AVENUE</b>
14. CITY - ST - ZIP	<b>BOULDER CO 80302</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>KYLE T CRAIG</b>
23. STREET ADDRESS	<b>25088 FOOTHILLS DRIVE NORTH</b>
24. CITY - ST - ZIP	<b>GOLDEN CO 80401</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>D SCOTT A BECK</b>
33. STREET ADDRESS	<b>809 11TH STREET</b>
34. CITY - ST - ZIP	<b>BOULDER CO 80302</b>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>VS PAUL A STRASEN</b>
43. STREET ADDRESS	<b>6 WHITE ALDER</b>
44. CITY - ST - ZIP	<b>LITTLETON CO 80127</b>
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>VS JOEL M ALAM</b>
53. STREET ADDRESS	<b>5 BLUE FAX</b>
54. CITY - ST - ZIP	<b>LITTLETON CO 80127</b>
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>V TED HEININGER</b>
63. STREET ADDRESS	<b>1075 S PITKIN AVENUE</b>
64. CITY - ST - ZIP	<b>SUPERIOR CO 80027</b>

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: Paul A. Strasen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

CR2E034 (12/95)

5/30/96