

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001135 (1)

1. Corporation Name
EINSTEIN/NOAH BAGEL CORP.

Principal Place of Business 1526 COLE BLVD SUITE 20 GOLDEN CO 80401	Mailing Address 1526 COLE BLVD SUITE 20 GOLDEN CO 80401-3412
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2. Principal Place of Business 21 14123 Denver West Pkwy.		2a. Mailing Address 26 14123 Denver West Pkwy.		3. Date Incorporated or Qualified 03/09/1995	3a. Date of Last Report 05/30/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 84-1294908	Applied For Not Applicable
23 City & State Golden, Colorado		28 City & State Golden, Colorado		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 80401	25 Country	29 Zip 80401	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 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	
				85 Zip Code FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	COLANGELO, DANIEL V. 522 HIGHLAND AVE. BOULDER CO 80302	1.1 TITLE <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mark Goldston
STREET ADDRESS		1.3 STREET ADDRESS	14123 Denver West Pkwy.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Golden, CO 80401
TITLE C/D	CRAIG, KYLE T. 25088 FOOTHILLS DR. N. GOLDEN CO 80401	2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	BECK, SCOTT A. 809 11TH STREET BOULDER CO 80302	3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE V/S	STRASEN, PAUL A. 6 WHITE ALDER LITTLETON CO 80127	4.1 TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	V
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE V/S	ALAM, JOEL M. 5 BLUE FAX LITTLETON CO 80127	5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE V	HEININGER, TED 1075 S. PITKIN AVE. SUPERIOR CO 80027	6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 4/28/97 303-216-5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)