

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90006 040 ***150.00

DOCUMENT # F95000001135

1. Entity Name

EINSTEIN/NOAH BAGEL CORP.

Principal Place of Business

Mailing Address

14103 DENVER W PKWY
 GOLDEN CO 80401
 US

14103 DENVER W PKWY
 GOLDEN CO 80401-3116
 US

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

84-1294908

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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.

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	LOZOFF, GAIL	
STREET ADDRESS	14103 DENVER W PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARTNETT, ROBERT M.	
STREET ADDRESS	14103 DENVER W PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, J. MICHAEL	
STREET ADDRESS	14103 DENVER W PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRASEN, PAUL A.	
STREET ADDRESS	6 WHITE ALDER	
CITY-ST-ZIP	LITTLETON CO 80127	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANCHAK, DAVID S	
STREET ADDRESS	14103 DENVER W PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MANLEY, PAULA E	
STREET ADDRESS	14103 DENVER W PKWY	
CITY-ST-ZIP	GOLDEN CO 80401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD L. PIERCE	
STREET ADDRESS	14103 DENVER WEST PARKWAY	
CITY-ST-ZIP	GOLDEN, CO 80401	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Strasen PAUL A. STRASEN, VP & SECY

Date

1-20-2000

Daytime Phone #

308-215-4300