

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Norman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31988 (9)
1. Corporation Name
THE HAGEN-DAZS SHOPPE COMPANY, INC.

Principal Place of Business Mailing Address
**GLENPOINTE CENTRE EAST GLENPOINTE CENTRE EAST
TEANECK NJ 07666 TEANECK NJ 07666**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		12/03/1990	04/18/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		22-2462815	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, MICHAEL J.	1.2 NAME	
STREET ADDRESS	40 GIDEONS POINT RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TONKA BAY MN	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JAMES H.	2.2 NAME	
STREET ADDRESS	160 LINCOLN ST	2.3 STREET ADDRESS	Glenpoimte Center East
CITY - ST - ZIP	ENGLEWOOD NJ	2.4 CITY - ST - ZIP	Teaneck, NJ 07666
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSETH, RICHARD O.	3.2 NAME	
STREET ADDRESS	4845 EWING AVE., SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	3.4 CITY - ST - ZIP	
TITLE	ATS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LESLIE	4.2 NAME	
STREET ADDRESS	16600 JEALAM ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, PAUL S.	5.2 NAME	
STREET ADDRESS	200 SOUTH 6TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKO, JEROME J.	6.2 NAME	
STREET ADDRESS	200 S 6TH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	6.4 CITY - ST - ZIP	

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)(b), 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 its 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 in an attachment with an address.

SIGNATURE: **Leslie R. Johnson, Asst. Secretary** 4/24/95