

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P31988

FILED
Dec 10, 2008
Secretary of State

Entity Name: THE HAAGEN-DAZS SHOPPE COMPANY, INC.

Current Principal Place of Business:

5929 COLLEGE AVE
OAKLAND, CA 94618

New Principal Place of Business:

500 WASHINGTON ST. SOUTH
MINNEAPOLIS, MN 55415

Current Mailing Address:

5929 COLLEGE AVE
OAKLAND, CA 94618

New Mailing Address:

FEI Number: 22-2462815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROGERS, GARY T
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: S () Delete
Name: ZUBER, HEIDI
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: T () Delete
Name: BECKERT, KATHLEEN
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: P () Delete
Name: SHELLERBACK, ERIC
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KAHN, TIMOTHY F
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHARABURA, SUSAN
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: P (X) Change () Addition
Name: PERRY, DARIN
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER

Electronic Signature of Signing Officer or Director

POA

12/10/2008

Date