

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31988 (9)**

1. Corporation Name

THE HAAGEN-DAZS SHOPPE COMPANY, INC.



Principal Place of Business

Mailing Address

**GLENPOINTE CENTRE EAST
TEANECK NJ 07666**

**GLENPOINTE CENTRE EAST
TEANECK NJ 07666**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title, Page 2 of 4)

(NOTE: Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAXTON, MICHAEL J.	
STREET ADDRESS	40 GIDEONS POINT RD	
CITY - ST - ZIP	TONKA BAY MN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NOWELL, LIONEL L.	
STREET ADDRESS	GLENPOINTE CENTER EAST	
CITY - ST - ZIP	TEANECK NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUSSETH, RICHARD O.	
STREET ADDRESS	4845 EWING AVE., SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	ATS	<input type="checkbox"/> DELETE
NAME	JOHNSON, LESLIE	
STREET ADDRESS	16800 JEALAM ROAD	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, PAUL S.	
STREET ADDRESS	200 SOUTH 6TH ST.	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKO, JEROME J.	
STREET ADDRESS	200 S 6TH ST	
CITY - ST - ZIP	MINNEAPOLIS MN	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	22 WERIMUS BROOK RD
1.4 CITY - ST - ZIP	SADDLE RIVER NJ 07458
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOLFE, FRAN
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	URBAN, PATRICIA M.
3.4 CITY - ST - ZIP	1 GLENPOINTE CENTER EAST TEANECK NJ
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 from an attachment to an address.

SIGNATURE: X

Leslie R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE R. JOHNSON, ASST. SEC. 4/17/96

Day

Daytime Phone #

CR2E034 (12/95)