STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **35798**

2. Name of Corporation: **THE COOKIE JAR COMPANY**

3. Street Address Principal Business Office: 29 Bowens Wharf — City: NPT — State: RI — Zip: 02840

4. Business Phone No.: 401. 846-5078

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **3236**

7. Brief Description of the Character of Business Conducted in Rhode Island: Cookies

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JAY H. Weibel
Street Address: 57 HARRISON Ave
City: Npt. — State: RI. — Zip: 02840

Vice President Name: Kathleen Weibel
Street Address: 57 HARRISON Ave
City: NPT — State: RI. — Zip:

Secretary Name:
Street Address:
City — State — Zip

Treasurer Name:
Street Address:
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: JAY H. Weibel
Street Address: 57 HARRISON Ave
City: NPT — State: RI. — Zip: 02840

Director Name: Kathleen Weibel
Street Address: 57 HARRISON Ave
City: NPT — State: RI. — Zip: 02840

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000		**$1.00 PAR VAL**

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		1.00 PAR VAL

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste

* 3 5 7 9 8 *

File Date: 5-4-99

Check No.: 1101

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date: 3.1.99

Print or Type Name of Officer: JAY H. Weibel

Title of Officer: Pres