

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91589 031 \*\*\*150.00

DOCUMENT # **F000000004247**

1. Entity Name

**AE Outfitters Retail Co.**

Principal Place of Business

Mailing Address

**150 Thorn Hill Drive  
 Warrendale Pa 15086**

**150 Thorn Hill Drive  
 Warrendale Pa 15086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**25-1864674**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**A0070470**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT Corporation System  
 1200 South Pine Island Rd.  
 Plantation, FL 33324**

7. Name and Address of New Registered Agent

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	Exec VP	<input type="checkbox"/> Delete
NAME	Laura A Weil	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jeff Smith	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Dale E. Clifton	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Sheila Reinken	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Neil Bowman Jr	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	Asst. Sec.	<input type="checkbox"/> Delete
NAME	Gary A Bashur	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Kolber	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger S. Markfield	
STREET ADDRESS	150 Thorn Hill Drive	
CITY-ST-ZIP	Warrendale Pa 15086	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY A BASHUR**

Date

Daytime Phone #

**(724) 776-4857**

CR2E034 (11/00)