

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90172 045 ***150.00

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 AT

DOCUMENT # F00000004247
 1. Entity Name
AE OUTFITTERS RETAIL CO.

Principal Place of Business Mailing Address
150 THORN HILL DRIVE **150 THORN HILL DRIVE**
WARRENDALE PA 15086 **WARRENDALE PA 15086**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

4. FEI Number Applied For
25-1864674 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
G-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Nays Street
 City **Tallahassee** FL Zip Code **32301**

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 *Laura R. Dunlap* **Laura R. Dunlap**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) **as its agent** DATE **3/22/02**

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, 2002 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	
TITLE	EV <input type="checkbox"/> Delete
NAME	WEIL, LAURA A
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	V <input type="checkbox"/> Delete
NAME	CLIFTON, DALE E
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	V <input type="checkbox"/> Delete
NAME	SMITH, JEFF
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	D <input type="checkbox"/> Delete
NAME	MARKFIELD, ROGER S
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	S <input type="checkbox"/> Delete
NAME	BULMAN, NEIL JR.
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KOLBER, GEORGE
STREET ADDRESS	150 THORN HILL DRIVE
CITY-ST-ZIP	WARRENDALE PA 15086

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director James V. O'Donnell
STREET ADDRESS	150 Thorn Hill Drive
CITY-ST-ZIP	Warrendale, PA 15086

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: *Gary A. Bashor* **Gary A. Bashor** Date Daytime Phone # **(724) 776-4887**

CR2E034 (9/01)