

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000961 (2)
 1. Corporation Name
THE FINISH LINE, INC. OF DELAWARE



Principal Place of Business 3308 N. MITTHOEFFER RD. INDIANAPOLIS IN 46236	Mailing Address 3308 N. MITTHOEFFER RD. INDIANAPOLIS IN 46236-2336
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Report 05/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-1537210	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D COHEN, ALAN H	1.2 NAME	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D KLAPPER, DAVID I	2.2 NAME	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD FAGIN, DAVID M	3.2 NAME	VP/Director
STREET ADDRESS	3308 N. MITTHOEFFER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D SABLOSKY, LARRY J	4.2 NAME	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SCHNEIDER, STEVEN J	5.2 NAME	VP/Director/Secretary
STREET ADDRESS	3308 N. MITTHOEFFER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V COURTNEY, DONALD E	6.2 NAME	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	6.4 CITY-ST-ZIP	

14. I do 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 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, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)