


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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90058 036 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000961**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/25/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>35-1537210</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	P/D <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, ALAN H	1.2 NAME	Gary Cohen
STREET ADDRESS	3308 N. MITTHOEFFER RD.	1.3 STREET ADDRESS	3308 N. Mitthoeffer Rd
CITY-ST-ZIP	INDIANAPOLIS IN 46236	1.4 CITY-ST-ZIP	Indianapolis, IN 46235
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAPPER, DAVID I	2.2 NAME	JONATHAN LAYNE
STREET ADDRESS	3308 N. MITTHOEFFER RD.	2.3 STREET ADDRESS	3308 N. Mitthoeffer Rd
CITY-ST-ZIP	INDIANAPOLIS IN 46236	2.4 CITY-ST-ZIP	Indianapolis, IN 46235
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAGIN, DAVID M	3.2 NAME	Jeffrey Smulyan
STREET ADDRESS	3308 N. MITTHOEFFER RD.	3.3 STREET ADDRESS	3308 N. Mitthoeffer Rd
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	Indianapolis, IN 46235
TITLE	V/D <input type="checkbox"/> DELETE	4.1 TITLE	VP, Corporate Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABLOSKY, LARRY J	4.2 NAME	Kevin S. Wampler
STREET ADDRESS	3308 N. MITTHOEFFER RD.	4.3 STREET ADDRESS	3308 N. Mitthoeffer Rd
CITY-ST-ZIP	INDIANAPOLIS IN 46236	4.4 CITY-ST-ZIP	Indianapolis, IN 46235
TITLE	VPDS <input type="checkbox"/> DELETE	5.1 TITLE	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, STEVEN J	5.2 NAME	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	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 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, with all other like empowered.

SIGNATURE: K. Wampler **PERKINS, Corp.** 4/12/99 317-899-1022  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Controller Date Daytime Phone #

CR2E034 (1.1/98)