## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered.

## Sep 05, 2000 8:00 am Secretary of State DOCUMENT # F9700000046 1. Entity Name BIRKENSTOCK FOOTPRINT SANDALS, INC. 09-05-2000 90039 050 \*\*\*550.00 Principal Place of Business Mailing Address PO BOX 6140 PO BOX 6140 NOVATO CA 94948 NOVATO CA 94948 ACC75001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-2179120 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEOPLES, RICK Street Address (P.O. Box Number is Not Acceptable) ORLANDO OUTLET STORES 4949 INTERNATIONAL DR. EXTENDED, SPACE 48B ORLANDO FL 32189 City Zip Code 1520-8930 8. The above named en for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 15 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/00) TITLE ☐ Delete ☐ Change FRASER, MARGOT NAME STREET ADDRESS STREET ADDRESS **567 HEATHER WAY** CITY-ST-ZIP CITY-ST-ZIP SAN RAFAEL CA 94903 ☐ Delete TITLE ☐ Change Addition TITLE NAME JONES, MARY NAME STREET ADDRESS STREET ADDRESS **62 ARONIA LANE** CITY-ST-ZIP CITY-ST-ZIP **NOVATO CA 94945** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SCHOEN, STEPHEN NAME STREET ADDRESS STREET ADDRESS 567 HEATHER WAY CITY-ST-ZIP CITY-ST-7/P SAN RAFAEL CA 94903 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition All Break All NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change -Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 vastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED