FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # F97000000046 1. Entity Name 04-09-2002 90046 049 ***150.00 BIRKENSTOCK FOOTPRINT SANDALS, INC. Principal Place of Business Mailing Address PO BOX 6140 PO BOX 6140 NOVATO CA 94948 NOVATO CA 94948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 94-2179120 Not Applicable Zip Country Zip Country \$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 **₹ 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 F 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE Delete TITLE ∠ Addition MATT ENDRISS FRASER, MARGOT PRESIDENT STREET ADDRESS STREET ADDRESS **567 HEATHER WAY** P.O. BOX 6140 NOVATO, CA 94948 CITY-ST-ZIP SAN RAFAEL CA 94903 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE GENE KUNDE NAME SCHOEN, STEPHEN NAME CHIEF OPERATING OFFICER STREET ADDRESS STREET ADDRESS **567 HEATHER WAY** CITY-ST-ZIP CITY-ST-ZIP SAN RAFAEL CA 94903 P.O. ROX 6140 NOVATO, CA JITLE . Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sustate exposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attach