


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90048 024 \*\*\*150.00

**DOCUMENT # F97000000046**  
 1. Entity Name  
**BIRKENSTOCK FOOTPRINT SANDALS, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 6140**                              **PO BOX 6140**  
**NOVATO, CA 94948**                      **NOVATO, CA 94948**

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40011176



01172005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>94-2179120</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PEOPLES, RICK**  
**ORLANDO OUTLET STORE**  
**4949 INTERNATIONAL DR. EXTENDED, SPACE 48B**  
**ORLANDO, FL 32189**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>ENDRIGG, MATT</del> <b>FRASER, MARGOT</b> PO BOX 6140 NOVATO, CA 94948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KUNDE, GENE PO BOX 6140 NOVATO, CA 94948
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12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Gene Kunde**      **415.892.4206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #