

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002668 (8)
 1. Corporation Name
LE CREUSET OF AMERICA, INC.



Principal Place of Business PO BOX 575 YEMASSEE SC 29945	Mailing Address PO BOX 575 YEMASSEE SC 29945
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 Bob Gifford Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 67 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/20/1997	
22 City & State 23 Early Branch, S.C.		27 City & State 28 Early Branch, S.C.		4. FEI Number 57-0649852	
24 Zip 29916		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 29916		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ZUYDAM, PAUL V	1.2 NAME	
STREET ADDRESS	ONE BOB GIFFORD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EARLY BRANCH SC 29916	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHJORRING, FINN E	2.2 NAME	
STREET ADDRESS	ONE BOB GIFFORD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EARLY BRANCH SC 29916	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODING, FAYE H	3.2 NAME	
STREET ADDRESS	ONE BOB GIFFORD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EARLY BRANCH SC 29916	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, G.L. BUIST JR.	4.2 NAME	
STREET ADDRESS	28 BROAD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29402	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 4-29-98 803-943-4308

CR2E034 (10/97)