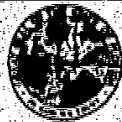


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:56

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P06786 (8)

1. Corporation Name
NIKE RETAIL SERVICES, INC.

Principal Place of Business Mailing Address
ONE BOWERMAN DR ATTN: LINDSAY D. STEWART BEAVERTON OR 97005
ONE BOWERMAN DR ATTN: LINDSAY D. STEWART BEAVERTON OR 97005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1985** 3a. Date of Last Report **04/06/1994**
 4. FEI Number **93-0691124** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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 **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DONAHUE, RICHARD, K
STREET ADDRESS	ONE BOWERMAN DR
CITY-ST-ZIP	BEAVERTON OR
TITLE	V
NAME	STEWART, LINDSAY D.
STREET ADDRESS	ONE BOWERMAN DR
CITY-ST-ZIP	BEAVERTON OR
TITLE	I
NAME	STILWELL, MARCIA A.
STREET ADDRESS	ONE BOWERMAN DR
CITY-ST-ZIP	BEAVERTON OR
TITLE	VP
NAME	FALCONE, S. ROBERT
STREET ADDRESS	ONE BOWERMAN DRIVE
CITY-ST-ZIP	BEAVERTON OR
TITLE	D
NAME	FALCONE, ROBERT S.
STREET ADDRESS	ONE BOWERMAN DRIVE
CITY-ST-ZIP	BEAVERTON OR
TITLE	S
NAME	NIEBERGALL, A. THOMAS
STREET ADDRESS	ONE BOWERMAN DR.
CITY-ST-ZIP	BEAVERTON OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President/Director
1.3 STREET ADDRESS	Thomas E. Clarke
1.4 CITY-ST-ZIP	One Bowerman Drive Beaverton OR 97005-6453
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *A. Thomas Niebergall* **A. Thomas Niebergall** 6/26/95 (503)671-6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

CR2E034 (3/95)