

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 851333			
1. Corporation Name			
ESPRIT DE CORP		Mailing Address	
Principal Place of Business		DO NOT WRITE IN THIS SPACE	
900 MINNESOTA STREET, SAN FRANCISCO, CA 94107		3. Date Incorporated or Qualified 12/21/1981	
2. Principal Place of Business		3a. Date of Last Report 1/18/95	
21 Suite, Apt. #, etc.		4. FEI Number 94-1712873	
22 City & State		Applied For Not Applicable	
23 Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
25		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FLORIDA 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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 _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
CHAIRMAN, MARGOLIS, JAY 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
CFO, COO HANELT, PETER 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
VP, SEC. ANDERSEN, KATHLEEN C. 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		100001857081 -06/10/96--01025--030 ***225.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
VP, LAMBERT, BLAIR W. 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
DIR, YING, MICHAEL 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		ALVA CHAN a 6-10-96	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
DIR, TOMPKINS, SUSIE 900 MINNESOTA ST. SAN FRANCISCO, CA 94107		DON LAVIGNE Change Addition	
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 118.07(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 if changed, or on an attachment with an address.			
SIGNATURE: <u>Blair W. Lambert, Vice President</u> 5/16/96 415-648-6900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			