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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 851333 (5)

1. Corporation Name  
ESPRIT DE CORP.

Principal Place of Business  
900 MINNESOTA  
SAN FRANCISCO CA 94107

Mailing Address  
900 MINNESOTA  
SAN FRANCISCO CA 94107-3050



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/21/1981

3a. Date of Last Report  
06/10/1996

4. FEI Number  
94-1712873

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature by color-printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HANELT, PETE	
STREET ADDRESS	900 MINNESOTA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARGOLIS, JAY	
STREET ADDRESS	900 MINNESOTA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANDERSEN, KATHLEEN C.	
STREET ADDRESS	900 MINNESOTA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMBERT, BLAIR W.	
STREET ADDRESS	900 MINNESOTA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAN, ALVA	
STREET ADDRESS	900 MINNESOTA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAVIGNE, DON	
STREET ADDRESS	900 MINNESOTA ST	
CITY-ST-ZIP	SAN FRANCISCO CA	

1.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alison May	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CEO, Director	<input checked="" 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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Janet Damen	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bruce Karsch	
5.3 STREET ADDRESS	550 South Hope St., 22nd Floor	
5.4 CITY-ST-ZIP	Los Angeles, CA 60071	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Patty Wachtell	
6.3 STREET ADDRESS	550 South Hope St., 22nd Floor	
6.4 CITY-ST-ZIP	Los Angeles, CA 60071	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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:

*Janet Damen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

(415) 648-6900

Daytime Phone #

CR2E034 (9/96)