

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 6/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F93000004066 (7)**

1. Corporation Name

**SUPERCUTS CORPORATE SHOPS, INC.**

FILED

95 JUL -7 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

550 CALIFORNIA STREET  
SAN FRANCISCO CA 94104

Mailing Address

550 CALIFORNIA STREET  
SAN FRANCISCO CA 94104

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/02/1993</b>                                                                                              | 3a. Date of Last Report<br><b>02/02/1994</b>           |
| 4. FEI Number<br><b>68-0203536</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

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

|                                                        |
|--------------------------------------------------------|
| B1. Name                                               |
| B2. Street Address (P.O. Box Number is Not Acceptable) |
| B3.                                                    |
| B4. City                                               |
| FL B5. 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, typed or 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                      | CD                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LIPSON, DAVID E        | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 550 CALIFORNIA STREET  | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | SAN FRANCISCO CA 94104 | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | PSD                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | IMBER, LAWRENCE D      | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 550 CALIFORNIA STREET  | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | SAN FRANCISCO CA 94104 | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | VT                     | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LENCI, MARIANNE        | 3.2 NAME                                              | Vice President Controller                                                    |
| STREET ADDRESS             | 550 CALIFORNIA STREET  | 3.3 STREET ADDRESS                                    | John Conlisk                                                                 |
| CITY - ST - ZIP            | SAN FRANCISCO CA 94104 | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                        | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      |                        | 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                      |                        | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/1/1994 11:28:08