

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

FILED

May 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000004066 (7)

1. Corporation Name

SUPERCUTS CORPORATE SHOPS, INC.

Principal Place of Business

550 CALIFORNIA STREET  
SAN FRANCISCO CA 94104

Mailing Address

550 CALIFORNIA STREET  
SAN FRANCISCO CA 94104-1006

2. Principal Place of Business

21 7201 Metro Boulevard

Suite, Apt. #, etc.

22 City & State

23 Minneapolis, MN 55439

24 55439 25 USA

2a. Mailing Address

26 7201 Metro Boulevard

Suite, Apt. #, etc.

27 City & State

28 Minneapolis, MN 55439

29 55439 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

07/10/1996

4. FEI Number

68-0203536

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

81 Name NRAI Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)  
526 East Park Avenue

83

84 City Tallahassee

FL

85 Zip Code  
32301

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 *Beth Perrizo* Beth Perrizo, Assistant Secretary

5-14-97

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME PRICE, STEVE  
STREET ADDRESS 550 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE PSD ☐ DELETE

NAME IMBER, LAWRENCE D  
STREET ADDRESS 550 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE V ☐ DELETE

NAME CONLISK, JOHN  
STREET ADDRESS 550 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME Mark Kartarik  
1.3 STREET ADDRESS 7201 Metro Boulevard  
1.4 CITY-ST-ZIP Minneapolis, MN 55439

2.1 TITLE V/S ☐ Change ☐ Addition

2.2 NAME Bert M. Gross  
2.3 STREET ADDRESS 7201 Metro Boulevard  
2.4 CITY-ST-ZIP Minneapolis, MN 55439

3.1 TITLE T ☐ Change ☐ Addition

3.2 NAME Vicki Langan  
3.3 STREET ADDRESS 7201 Metro Boulevard  
3.4 CITY-ST-ZIP Minneapolis, MN 55439

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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]* 612-947-7777

CP2E034 (9/96)