

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004066 (7)

1. Corporation Name

SUPERCUTS CORPORATE SHOPS, INC.

Principal Place of Business

7201 METRO BLVD  
MINNEAPOLIS MN 55439  
US

Mailing Address

7201 METRO BLVD  
MINNEAPOLIS MN 55439  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 E PARK AVE  
TALLAHASSEE FL 32301

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

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	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, STEVE	
STREET ADDRESS	550 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	IMBER, LAWRENCE D	
STREET ADDRESS	550 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CONLISK, JOHN	
STREET ADDRESS	550 CALIFORNIA STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Myron Kunin	
1.3 STREET ADDRESS	7201 metro Boulevard	
1.4 CITY-ST-ZIP	Minneapolis, MN 55439	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Finkelstein	
2.3 STREET ADDRESS	7201 metro Boulevard	
2.4 CITY-ST-ZIP	Minneapolis, MN 55439	

3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gert Gross	
3.3 STREET ADDRESS	7201 metro Boulevard	
3.4 CITY-ST-ZIP	Minneapolis, MN 55439	

4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Plate	
4.3 STREET ADDRESS	7201 metro Boulevard	
4.4 CITY-ST-ZIP	Minneapolis, MN 55439	

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 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:  Gert Gross, Secretary, 4/21/98, 407-215-1777

CR2E034 (10/97)