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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000000829 (1)**

1. Corporation Name
AMERICAN EAGLE OUTFITTERS, INC.

Principal Place of Business	Mailing Address
150 THORN HILL DR. WARRENDALE PA 15086	150 THORN HILL DR. WARRENDALE PA 15086-7528

3. Date Incorporated or Qualified: 02/18/1994	3a. Date of Last Report: 06/04/1996
4. FEI Number: 25-1724320	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE KOLBER		1.2 NAME		
STREET ADDRESS	150 THORN HILL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WARRENDALE PA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAY SCHOTTENSTEIN		2.2 NAME		
STREET ADDRESS	1800 MOLER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARKFIELD, ROGER S		3.2 NAME		
STREET ADDRESS	150 THORN HILL DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WARRENDALE PA		3.4 CITY-ST-ZIP		
TITLE	VPST	☐ DELETE	4.1 TITLE	VP/Controller	☐ Change ☐ Addition
NAME	DALE E. CLIFTON		4.2 NAME		
STREET ADDRESS	150 THORN HILL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WARRENDALE PA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KERIN, JOSEPH E		5.2 NAME		
STREET ADDRESS	150 THORN HILL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARRENDALE PA 15086		5.4 CITY-ST-ZIP		
TITLE	CFP	☐ DELETE	6.1 TITLE	CFO	☐ Change ☐ Addition
NAME	LAURA WEIL		6.2 NAME		
STREET ADDRESS	150 THORN HILL DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WARRENDALE PA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 REQUIRED 4-23-97 (412)776-4857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #