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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000005577 1. Corporation Name

VANS OF DELAWARE, INC.

Principal Place of Business

Mailing Address

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90047 042 ***150.00



NTA FE SPRINGS CA 90670		SANTA FE SPRINGS CA 90670			DO MOT MIDITE IN THE OF	2405		
					DO NOT WRITE IN THIS SE	ACE		
					3. Date Incorporated or Qualifed			
					11/09/1995			
Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For	
		26				33-0272893 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
	25	29 3	30		Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent			
			8	Name				
	CORPORATION SYSTEM		8:	Street	Address (P.O. Box Number is Not Acceptable)			
	SOUTH PINE ISLAND RD.		"	Sucer	Address (1.0. box Hamber is Not Acceptable)			
, PLAN	ITATION FL 33324		8	3				
			L	J				
	•		84	4 City	FJ	85 Zip	Code	
Dursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	/e-named	corporation submits this statement for the purpose of cha	anging it:	s registered	
office or n	egistered agent, or both, in the State	of Florida. Such change was aut	norized b	y the corp	oration's board of directors. I hereby accept the appointment	nent as re	egistered	
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statute	S.				
ERLU AME	Signature, typed or printed name of registered age	et and title if applicable (NOTE: P	egistored Ag	ant signatura	required when reinstating) DATE			
		D DIRECTORS	13.	ant agrioture	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
	D	□ DELETE				Change	☐ Addition	
-	MCCOWN, GEORGE E		1.1 TITLE 12 NAME					
	15700 SHOEMAKER AVENUE			ET ADDRESS			. (
"I ADDRESS	SANTA FE SPRINGS CA 90670	1	1.4 CITY-					
*-ST-ZIP	D	DELETE			Grald Grinstein D	Change	Addition	
					15700 Shoemaker Avenue			
į	DE LEEUW, DAVID D		2.2 NAME		Senta Fa Spr. ~ 5 CA 96670			
- · I AQURESS			•	ET ADDRESS	Director			
ST ZIP	SANTA FE SPRINGS CA 9067	PE SPRINGS CA 90670 2.4		ST-ZIP		7 Change	Addition	
	D							
į	Office 11 ori.		3.2 NAME					
I ADDRESS	15700 SHOEMAKER AVENUE		3.3 STRE	ET ADDRESS				
ST-ZIP	SANTA FE SPRINGS CA 9067		3.4. CiTY-			7.0	T A delition	
)	D	☐ DELETE	4.1 TITLE			Change	☐ Addition	
	fix, wilbur j		4. 2 NAME					
I ADDNESS	15700 SHOEMAKER AVENUE		4.3 STRE	ET ADDRESS			•	
ST-ZIP	SANTA FE SPRINGS CA 9067		44 CITY-	ST-ZIP				
- 7	CD	☐ DELETE	5.1 TITLE		j	☐ Change	Addition	
	SCHOENFELD, WALTER E		5.2 NAME					
_1 ADDRESS	15700 SHOEMAKER AVENUE		5.3 STRE	ET ADDRESS				
ST-ZIP	SANTA FE SPRINGS CA 90670)	54 CITY-					
	PD	☐ DELETE	6.1 TITLE		[Change	☐ Addition	
-	SCHOENFELD, GARY H							
I ADDRESS	15700 SHOEMAKER AVENUE		6.3 STRE	ET AODRESS			Ì	
ST-ZIP			6.4 CITY-	ST-ZIP				

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, with all other like empowered.

CRAILE. GOSSELIN SIGNATURE AND TYPED OR SINIES NAME OF SIGNING OFFICER OR DIRECTOR

562-565-8473