

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005577

1. Entity Name
VANS OF DELAWARE, INC.



Principal Place of Business
15700 SHOEMAKER AVENUE
SANTA FE SPRINGS, CA 90670

Mailing Address
15700 SHOEMAKER AVENUE
SANTA FE SPRINGS, CA 90670



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0272893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000074143
03/03/04-80006-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRINSTEIN, GERALD
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS, CA 90670

TITLE D
NAME FIX, WILBUR J
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS, CA 90670

TITLE CD
NAME SCHOENFELD, WALTER E
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS, CA 90670

TITLE PD
NAME SCHOENFELD, GARY H
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS, CA 90670

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04