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**Jul 03 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 # F96000002789 (3)

1. Corporation Name
LEVI STRAUSS & CO., INC.



Principal Place of Business: **1155 BATTERY ST., L8/7
SAN FRANCISCO CA 94111**
Mailing Address: **1155 BATTERY ST., L8/7
SAN FRANCISCO CA 94111-1230**

3. Date Incorporated or Qualified: **04/17/1996** 3a. Date of Last Report: **N/A**
4. FEI Number: **94-0905160** 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: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
b1 Name: _____
b2 Street Address (P.O. Box Number is Not Acceptable): _____
b3 _____
b4 City: _____ b5 Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HAAS, PETER E	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HAAS, ROBERT D	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TUSHER, THOMAS W	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BAUCH, THOMAS J	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EATON, ROY W JR	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOYA, DONNA J	
STREET ADDRESS	1155 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Jacobi, Peter A.
3.4 CITY-ST-ZIP	1155 Battery St. San Francisco CA 94111
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3
4.3 STREET ADDRESS	Bobejana, Nenita T.
4.4 CITY-ST-ZIP	1155 Battery St. San Francisco CA 94111
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vincent Fong Vincent
5.3 STREET ADDRESS	1155 Battery St.
5.4 CITY-ST-ZIP	San Francisco CA 94111
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002230256
6.3 STREET ADDRESS	-07/03/97--01096--003
6.4 CITY-ST-ZIP	***558.75

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.

CR2E034 (9/96)