

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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90012 017 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002990

1. Corporation Name
LESLIE'S POOLMART, INC.



Principal Place of Business 20630 PLUMMER ST. CHATSWORTH CA 91311	Mailing Address 20630 PLUMMER ST. CHATSWORTH CA 91311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-4620298	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURTICO, MIKE	1.2 NAME	PLS. SEE ATTACHED
STREET ADDRESS	20630 PLUMMER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, BRIAN P	2.2 NAME	V KNIGHT JODI
STREET ADDRESS	20630 PLUMMER ST.	2.3 STREET ADDRESS	20630 PLUMMER ST
CITY-ST-ZIP	CHATSWORTH CA 91311	2.4 CITY-ST-ZIP	CHATSWORTH, CA 91311
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, ROBERT D	3.2 NAME	
STREET ADDRESS	20630 PLUMMER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	3.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, CYNTHIA G	4.2 NAME	
STREET ADDRESS	20630 PLUMMER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	4.4 CITY-ST-ZIP	
TITLE	D R <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURANCE, DR DALE R	5.2 NAME	
STREET ADDRESS	20630 PLUMMER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNICK, GREGORY J	6.2 NAME	
STREET ADDRESS	20630 PLUMMER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/99 (818) 993-4212

Daytime Phone #



LESLIE'S POOLMART, INC. – DIRECTORS AND OFFICERS

576382-90012-17
F97000002990

Chairman of the Board	Michael J. Fourticq
Chief Executive Officer, President & Director	Brian P. McDermott
Director	Dr. Dale R. Laurance
Director	Gregory J. Annick
Director	John G. Danhaki
Executive Vice President & Chief Financial Officer	Robert D. Olsen
Secretary, Senior Vice President & General Counsel	Cynthia G. Watts
Senior Vice President, Merchandising & Marketing	John T. Ball
Vice President, Controller	Jodi L. Knight
Vice President, General Merchandising Manager	Charles Vasquez
Vice President, Advertising and Marketing	Gerald H. Karmele
Vice President, Logistics	Richard L. Grice
Vice President, Chief Information Officer	Michael M. Adamson
Vice President, Sales Administration	James Lowe
Vice President, Store Operations, West	Mark Lum
Vice President, Store Operations, East	Marvin D. Schutz
Vice President, Real Estate & Construction	Patrick Murphy

**Address of all of the above: 20630 Plummer Street
Chatsworth, CA 91311**