

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

FILED
Apr 07 1998 8:00am
Secretary of State

.PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003966 (5)
 1. Corporation Name
EDDIE BAUER INTERNATIONAL (AMERICAS), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ROOKS, PITTS AND POUST C/O JAY A LIPE 10 SOUTH WACKER DRIVE, SUITE 2300 CHICAGO IL 60606	Mailing Address ROOKS, PITTS AND POUST C/O JAY A LIPE 10 SOUTH WACKER DRIVE, SUITE 2300 CHICAGO IL 60606
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3. Date Incorporated or Qualified 07/29/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number APPLIED FOR 65-0772295	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 85 Zip Code
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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	PD TULLENERS, JAKOB J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19/F PENINSULA SQ, 18 SUNG ON STREET	1.2 NAME	
STREET ADDRESS	HUNG HOM, KOWLOON, HONG KONG	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CAVE, ANTHONY N	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20/F PENINSULA SQ, 18 SUNG ON STREET	2.2 NAME	
STREET ADDRESS	HUNG HOM, KOWLOON, HONG KONG	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GEISE, VEIT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20/F PENINSULA SQ, 18 SUNG ON STREET	3.2 NAME	
STREET ADDRESS	HUNG HOM, KOWLOON, HONG KONG	3.3 STREET ADDRESS	6161 Blue Lagoon Dr., Suite 310
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VT VOGELSGANG, CHRISTOPHER	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDSBEKER STRABE 3-7, 22172 HAMBURG	4.2 NAME	
STREET ADDRESS	GERMANY	4.3 STREET ADDRESS	6161 Blue Lagoon Dr., Suite 310
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	S SEXTON, MICHAEL F	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 S. WACKER DRIVE SUITE 2300	5.2 NAME	
STREET ADDRESS	CHICAGO IL 60606	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FECHTNER, ECKARDT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDSBEKER STRABE 3-7, 22172 HAMBURG	6.2 NAME	
STREET ADDRESS	GERMANY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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	
3.3 STREET ADDRESS	6161 Blue Lagoon Dr., Suite 310
3.4 CITY-ST-ZIP	Miami, FL 33126
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6161 Blue Lagoon Dr., Suite 310
4.4 CITY-ST-ZIP	Miami, FL 33126
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:  Michael F. Sexton, Secretary 312/627-2162

CR2E034 (10/97)