2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700003966

1. Entity Name

SIGNATURE:

EDDIE BAUER INTERNATIONAL (AMERICAS), INC.

Principal Place of Business	Mailing Address				
PITTS AND POUST C/O JAY A LIPE SOUTH WACKER DRIVE, SUITE 2300	ROOKS, PITTS AND POUST C/O JAY A LIPE 10 SOUTH WACKER DRIVE. SUITE 2300 CHICAGO JL 60606-7407				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90127 017 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. 1	4. FEI Number 65-0772295			Applied For Not Applicable	
Zip	Country	Zip Country		5.	Certificate of Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New R	egistered /	Agent		
		<u> </u>	N	lame	-				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			s	Street Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324								
			_				7:- 0 - 1-		
			ال	ity		FL	Zip Code		
8 The above	named entity submits this statement for	r the nurnose of changing its	s registered a	ffice or registered ag	ent, or both, in the State of Flo	rida.			
o. The above	named entity addition this statement so	The purpose of changing in	a rogiotoroa o	moo or rogiciorou ag					
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Age	ent signature required when re	einstating)	DATE			
	- 0 remail Above on Environment of Above and affective				<u> </u>				
	pration is eligible to satisfy its Intangible	ł ·	'!!! FEE IS	*	10. Election Campaign Fin	ancing	\$5.00	May Be	
_	equirement and elects to do so.	After MAY 1, 20			Trust Fund Contribution).		to Fees	
(See criter	ia on back)	Make Check Paya	pie to Depa		<u> </u>			<u>. </u>	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTORS		
TITLE	PD	☐ Delete	TITLE				Change	Addition	
NAME	TULLENERS, JAKOB J		NAME						
STREET ADDRESS	19/F PENINSULA SQ, 18 SUNG 1	on street	STREET AL	DDRESS					
CITY-ST-ZIP	HUNG HOM, KOWLOON, HONG	KONG	CITY-ST-	ZIP					
TITLE	V	☐ Delete	TITLE				☐ Change	Addition	
NAME	CAVE, ANTHONY N		NAME						
STREET ADDRESS	20/F PENINSULA SQ. 18 SUNG	on Street	STREET AL	DDRESS					
CITY-ST-ZIP	HUNG HOM, KOWLOON, HONG		CITY-ST-	ZIP				l	
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	GEISE, VEIT		NAME				_ ,	_	
STREET ADDRESS	6161 BLUE LAGOON DR SUITE	310	STREET AL	ODRESS					
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-	ZIP					
TITLE	VT	□ Delete	TITLE				☐ Change	Addition	
NAME	VOGELSGANG, CHRISTOPHER		NAME						
STREET ADDRESS	6161 BLUE LAGOON DR SUITE		STREET A	DOBESS					
CITY-ST-ZIP	MIAMI FL 33126	010	CITY-ST-						
	S S		TITLE	<u> </u>	<u> </u>	<u>.</u>	☐ Change	☐ Addition	
TITLE	SEXTON, MICHAEL F	☐ Delete	NAME				□ outlings		
NAME	10 S. WACKER DRIVE SUITE 230	1 0	STREET AL	INRESS					
STREET ADDRESS		JU .	CITY-ST-						
CITY-ST-ZIP	CHICAGO IL 60606		_ _ _				C) (b	Addition	
TITLE	D COUTNED COMPON	☐ Delete	TITLE			•	Change	Addition	
NAME	FECHTNER, ECKARDT	70 LIAMBUIDO	NAME CIRCET AS	NODECC.					
STREET ADDRESS	WANDSBEKER STRABE 3-7, 221	12 MAMBURG	STREET AL					ļ	
CITY-ST-ZIP	GERMANY								
13. I hereby of indicated	certify that the information supplied with on this report or supplemental length is poration or the receiver of trystes empo	this filing does not qualify for	or the exempt my signature	ion stated in Section shall have the same	119.07(3)(i), Florida Statutes. legal effect as if made under of ida Statutes: and that my parti-	I further cer bath; that I a	rtify that the in am an officer on Block 11 or	formation or director Block 12 if	
oi tue coi	poration of the receiver of the see empty	marcurity expects this repor	i as reduiign	oy onapiel 007, ∈100	ida diatates, and that my hami	appears i	2.000 11 01		

Michael F. Sexton

4/18/00

312/876-1700