

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90127 017 ***150.00

DOCUMENT # F97000003966

1. Entity Name
EDDIE BAUER INTERNATIONAL (AMERICAS), INC.

Principal Place of Business PITTS AND POUST C/O JAY A LIPE 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 60606-7407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0772295		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TULLENERS, JAKOB J		NAME		
STREET ADDRESS	19/F PENINSULA SQ, 18 SUNG ON STREET		STREET ADDRESS		
CITY-ST-ZIP	HUNG HOM, KOWLOON, HONG KONG		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVE, ANTHONY N		NAME		
STREET ADDRESS	20/F PENINSULA SQ, 18 SUNG ON STREET		STREET ADDRESS		
CITY-ST-ZIP	HUNG HOM, KOWLOON, HONG KONG		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEISE, VEIT		NAME		
STREET ADDRESS	6161 BLUE LAGOON DR SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOGELSGANG, CHRISTOPHER G		NAME		
STREET ADDRESS	6161 BLUE LAGOON DR SUITE 310		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEXTON, MICHAEL F		NAME		
STREET ADDRESS	10 S. WACKER DRIVE SUITE 2300		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FECHTNER, ECKARDT		NAME		
STREET ADDRESS	WANDSBEKER STRABE 3-7, 22172 HAMBURG		STREET ADDRESS		
CITY-ST-ZIP	GERMANY		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: **Michael F. Sexton** 4/18/00 312/876-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)