

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 040 ***150.00

DOCUMENT # F97000003966

1. Entity Name

EDDIE BAUER INTERNATIONAL (AMERICAS), INC.



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**

2. Principal Place of Business

Dykema Gossett Rooks Pitts
(name change only)

3. Mailing Address

Dykema Gossett Rooks Pitts

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0772295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TULLENERS, JAKOB J	
STREET ADDRESS	19/F PENINSULA SQ, 18 SUNG ON STREET	
CITY-ST-ZIP	HUNG HOM, KOWLOON, HONG KONG	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEISE, VEIT	
STREET ADDRESS	6100 BLUE LAGOON DR #310	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VT	<input type="checkbox"/> Delete
NAME	VOGELSGANG, CHRISTOPHER	
STREET ADDRESS	6100 BLUE LAGOON DR SUITE 310	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEXTON, MICHAEL F	
STREET ADDRESS	10 S. WACKER DRIVE SUITE 2300	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FECHTNER, ECKARDT	
STREET ADDRESS	WANDSBEKER STRABE 3-7, 22172 HAMBURG	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4-19-04

Date

312/627-2585

Daytime Phone #