

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90353 021 \*\*\*150.00

A0070679

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F98000005036

1. Entity Name

**OLD NAVY, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**900 Cherry Ave.**

3. Mailing Address

**900 Cherry Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIC: 1TX5**

City & State

**San Bruno, CA**

City & State

**San Bruno, CA**

4. FEI Number

**94-3288283**

Applied For

Not Applicable

Zip

**94066**

Country

**USA**

Zip

**94066**

Country

**USA**

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

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001: Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**(SEE ATTACHED SCHEDULE)**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tom Harris**

**4/24/2001**

**(650) 952-4400**

CR2E034 (11/00)

Attachment  
DH# F98000005036  
A0070629

**OLD NAVY INC.**  
900 Cherry Avenue  
San Bruno, California 94066  
(650) 952-4400  
**Federal ID #: 94-3288283**

**LIST OF OFFICERS**

**Millard S. Drexler**  
One Harrison Street  
San Francisco, CA 94105  
SS# 061-36-9006

**President and  
Chief Executive Officer**

**Heidi Kunz**  
One Harrison Street  
San Francisco, CA 94105  
SS# 094-40-1697

**Executive Vice President and  
Chief Financial Officer**

**Anne B. Gust**  
One Harrison Street  
San Francisco, CA 94105  
SS# 364-48-8733

**Executive Vice President and  
Chief Administrative Officer**

**Kevin Lonergan**  
345. Spear Street  
San Francisco, CA 94105  
SS# 034-36-2628

**Executive Vice President and  
Chief Operating Officer**

**Leroy Barnes**  
900 Cherry Avenue  
San Bruno, Ca 94066  
SS # 550-88-6584

**Vice President and Treasurer  
Treasurer**

**Tom Harris**  
900 Cherry Avenue  
San Bruno, CA 94066  
SS# 551-92-0514

**Vice President – Tax**