2002 UNIFORM BUSINESS REPORT (UBR) **FILED** F98000005036 DOCUMENT # 1. Entity Name OLD NAVY INC. 05-02-2002 90073 011 ***150.00 Principal Place of Business Mailing Address 900 CHERRY AVE -900 CHERRY AVE SAN BRUNO CA 94066 MIC: 1TX5 SAN BRUNO CA 94066 2. Principal Place of Business 3. Mailing Address <u>40 First Plaza NW</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Attn:Business License Dept City & State City & State 4. FEI Number Applied For 94-3288283 Albuguerque Not Applicable NM Zip Country \$8.75 Additional 5. Certificate of Status Desired 87102 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525

May 02, 2002 8:00 am § Secretary of State



			City			FL	Zip Cod	je
8. The above	e named entity submits this statement for th	e purpose of changing its re	egistered office o	r registered ag	ent, or both, in the State of F	lorida.	-I <u>-</u>	
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signal	ure required when re	instating)	DATE		
			FEE IS \$150.00		44 51 11 61 11 11			
			After May 1, 2002 Fee will be \$550.00		 Election Campaign Finant Fund Contribution 			00 May Be
	ria on back)	Make Check Payable	to Departmen	t of State	Trast Fund Contributio	л. Ц	Adde	d to Fees
11.	OFFICERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE	EVPC	☐ Delete	TITLE				Change	Addition
NAME	KUNZ, HEIDI		NAME			,	7	
STREET ADDRESS	ONE HARRISON STREET SAN FRANCISCO CA 94105		STREET ADDRESS	2 Fols	som Street			
CITY-ST-ZIP					ancisco, CA	94105		
TITLE	PCEO	☐ Delete	TITLE				Change	Addition
NAME	DREXLER, MILLARD S		NAME			•	* * * * * * * * * * * * * * * * * * *	
STREET ADDRESS	ONE HARRISON STREET		STREET ADDRESS	2 Fols	om Street			
CITY-ST-ZIP	SAN FRANCISCO CA 94105		CITY-ST-ZIP		ancisco, CA	94105		•
TITLE	EVCA	☐ Delete	TITLE		<u> </u>	24102	Change	Addition
NAME	GUST, ANNE B		=NAME=======		<u>=::::=</u>			7.000,000
STREET ADDRESS	ONE HARRISON STREET	•	STREET ADDRESS	2 Fols	om Street			
CITY-ST-ZIP	SAN FRANCISCO CA 94105		CITY-ST-ZIP		ancisco, CA	94105		
TITLE	VPT	X Delete	TITLE	VPT	anoibco, CH		Change	Addition
NAME	Barnes, Leroy	/	NAME	2	- 03	·	Onlinge	Nooillon
STREET ADDRESS	900 CHERRY AVENUE		STREET ADDRESS		a Simmons			•
CITY-ST-ZIP	SAN BRUNO CA 94066		CITY-ST-ZIP		erry Avenue			
TITLE	EVCO	□ Delete	TITLE	san Br	uno, CA 940	56 - ,	☐ Change	
NAME	LONERGAN, KEVIN		NAME		·	Ĺ	Change	Addition
STREET ADDRESS	900 CHERRY AVENUE		STREET ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA 94105		CITY-ST-ZIP					
TITLE	VPT	Delete	TITLE	VP-Fin	2760	-	Channe	15 Va J. 2001
NAME	HARRIS, TOM	DOIOLO	NAME			L	_ Change	Addition
STREET ADDRESS	900 CHERRY AVENUE		STREET ADDRESS	AO Pic	l Zientek			•
CITY-ST-ZIP	SAN BRUNO CA 94066	j	CITY-ST-ZIP	Albucus	st Plaza NW	7100		
13. I hereby c	ertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the	e exemption state	od in Continu 11	ID 07(0)(i) F(+ : 1 - 0) + + + +	7102	that the in	formation
of the corp	on this report or supplemental report is true poration or the receiver or rustee empower	and accurate and that my sed to execute this report as	signature shall ha	ive the same le	gal effect as if made under o	oath; that I am	an officer	or director

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RECURSED Zientek PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

505-462-0033

Date

Daytime Phone #