

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90057 011 ***150.00

DOCUMENT # F98000005036

1. Entity Name
OLD NAVY INC.



Principal Place of Business
**900 CHERRY AVE
SAN BRUNO CA 94066**

Mailing Address
**40 FIRST PLAZA NW
ATTN: BUSINESS LICENSE DEPT
ALBUQUERQUE NM 87102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **94-3288283**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPC
KUNZ, HEIDI
2 FOLSOM STGREET
SAN FRANCISCO CA 94105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ONE HARRISON STREET
SAN FRANCISCO, CA 94105** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
DREXLER, MILLARD S
2 FOLSOM STGREET
SAN FRANCISCO CA 94105** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
PRESSLER, PAUL
ONE HARRISON STREET
SAN FRANCISCO, CA 94105** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVCA
GUST, ANNE B
2 FOLSOM STGREET
SAN FRANCISCO CA 94105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ONE HARRISON STREET
SAN FRANCISCO, CA 94066** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
SIMMONS, SABRINA
850 CHERRY AVE
SAN BRUNO CA 94066** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVCO
LONERGAN, KEVIN
900 CHERRY AVENUE
SAN FRANCISCO CA 94105** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SHANAHAN, LAURI M.
900 CHERRY AVENUE
SAN BRUNO, CA 94066** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VF
ZIENTEK, MICHAEL
40 FIRST PLAZA NW
ALBUQUERQUE NM 87102** ☐ Delete

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

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

Michael Zientek

January 6, 2003 505-462-0000

Date

Daytime Phone #

CR2E034 (10/02)