

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000477

1. Entity Name

GAP INTERNATIONAL SOURCING (AMERICAS) LLC

Principal Place of Business

ONE HARRISON STREET
SAN FRANCISCO CA 94105

Mailing Address

ONE HARRISON STREET
SAN FRANCISCO CA 94105

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Gap, Inc.

Corporate Shared Service Center

40 First Plaza Center NW

Albuquerque, NM 87102

FILED

01 AUG -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

700004527707--S
-08/09/01--01081--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME THE GAP, INC.
STREET ADDRESS ONE HARRISON STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE VP ☐ Change ☒ Addition
NAME
STREET ADDRESS 40 First Plaza NW
CITY-ST-ZIP Albuquerque, NM 87114

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)