

# 2002 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

GAP, INC./CORP. SHARED SERVICE CENTER  
40 FIRST PLAZA CENTER NW  
ALBUQUERQUE NM 87102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**\*\*New Mailing Address\*\***

Attn: Business License Dept  
40 First Plaza Center NW  
Albuquerque, NM 87102



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3357516

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 use if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
THE GAP, INC.  
40 FIRST PLAZA CENTER NW  
ALBUQUERQUE NM 87102

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10. ADDITIONS / CHANGES

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CITY - ST - ZIP

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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 REQUIRED*  
Zientek

4/16/02

505-462-0033

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

Date

Daytime Phone #

CP2E083 (9/01)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91462 045 \*\*\*\*50.00

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