2001	UNIFORM	R)	FILED Sep 18, 2001 8:00 am						
DOCUMENT # P0000108562 1. Entity Name BCL*FOOTWEAR II, INC.						Secreta	2001 8:00 ary of Sta 90013 014 ***558.	te :	123 AT
Principal Place of Business Mailing Address 934 WATERFORD LANE 934 WATERFORD LANE NORTHBROOK IL 60062 NORTHBROOK IL 60062) I BRIST OF THE BRIST ROSSIC ROSS	 O Desa (100 desa (100 di)se s	1151 0 16 0 1 2 00 2	
2. Principal Place of Business 3. Mailing Address									
550 FROW 160 550 FROM 1A6					YOAD	~ DO NOT WRI	TE IN THIS SPACE		
Mys State Di 1 - TZ Sigs State Di					1 4	- FEI Number		pplied For	
600	Goyntry	1	Zip	Country A	5	36-4426 Certificate of Status Desired	\$8.75 Add		
6000	6. Name and Address	of Current Reg	istered Agent	ush.		. Name and Address of New F	Fee Required Registered Agent	d	
NRAI SERVICES, INC.				Name	11				
526 E. PARK AVE.				Street A	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE FL 32301			City			Zip Code	<u> </u>	
B The chaus	named antity submits this	atatament for the	a number of changing its ro	,	r registered	agent, or both, in the State of Flo	FL	-	
SIGNATURE .	·								
	Signature, typed or printed name of		le if applicable. (NOTE: R	registered Agent signal		<u> </u>	DATE	-	
9. This corporation is eligible to satisfy its intangiblé Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2: Make Check Payable				2001 Fee will b	e \$750.00	10. Election Campaign Fir Trust Fund Contributio		May Be I to Fees	
11. TITLE	Prositos NI	ICERS AND DIR	ECTORS Delete	12.	PRS(ADDITIONS/CHANGES TO OFF	. Channa		5
NAME Street address	L'AWRENCE SSO FRAN	- Ace P	O. STIMEDAIN	NAME STREET ADDRESS	Cause SSO	PENTAGE PD.	24176 341	ب <u>ح</u> [ا	CR2E034 (5/01)
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13. I hereby of indicated of the concentrated,	certify that the information s on this report of suppleme poration or the receiver or or on an attachment with a	upplied with this ntal report is true trustee empower in address, with	filing does not qualify for the and accurate and that my ed to execute this report as all other like empowered.	ne exemption sta signature shall h required by Cha	ted in Sectionave the sam apter 607, Fla	in 119.07(3)(i), Florida Statutes. le legal effect as if made under lorida Statutes; and that my nam	I further certify that the in- bath; that I am an officer e appears in Block 11 or	iformation or director Block 12 if	
SIGNAT	URE: SIGNATURE A	ND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR	DIRECTOR		8 10 01	441-93 Daytime Phone #	13	•