

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04169** (9)  
1. Corporation Name  
**BANANA REPUBLIC, INC.**

Principal Place of Business <b>900 CHERRY AVE. SAN BRUNO CA 94066 US</b>	Mailing Address <b>900 CHERRY AVE TAX DEPT. SAN BRUNO CA 94066-3010 US</b>
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2. Principal Place of Business <b>900 Cherry Ave</b>		2a. Mailing Address <b>900 CHERRY AVE</b>		3. Date Incorporated or Qualified <b>11/28/1984</b>	3a. Date of Last Report <b>02/13/1996</b>
21. Suite, Apt. #, etc. <b>MIC: 1TX5</b>		26. Suite, Apt. #, etc. <b>MIC: 1TX5</b>		4. FEI Number <b>94-2545023</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State <b>SAN BRUNO CA</b>		27. City & State <b>SAN BRUNO CA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>94066</b>		28. Zip <b>94066</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>US</b>		29. Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				<b>FL</b>	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	DREXLER, MILLARD S.	1.2 NAME	
STREET ADDRESS	ONE HARRISON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	M	2.1 TITLE	
NAME	DREXLER, MILLARD S.	2.2 NAME	JENNIE JACKSON
STREET ADDRESS	ONE HARRISON STREET	2.3 STREET ADDRESS	ONE HARRISON ST.
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	SAN FRANCISCO CA 94105
TITLE	V	3.1 TITLE	
NAME	HASHAGEN, WARREN	3.2 NAME	HASHAGEN, WARREN R.
STREET ADDRESS	ONE HARRISON STREET	3.3 STREET ADDRESS	900 CHERRY AVE.
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	SAN BRUNO CA 94066
TITLE	VS	4.1 TITLE	
NAME	GUST, ANNE B	4.2 NAME	
STREET ADDRESS	900 CHERRY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BRUNO CA	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	MCKINLEY, RICHARD S.	5.2 NAME	
STREET ADDRESS	900 CHERRY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BRUNO CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  RICHARD S. MCKINLEY 2/97 (415) 952-4400

CR2E034 (9/96)