AMENDED $61.25

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 30 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05056

1. Corporation Name
TRANS PACIFIC STORES, LTD., INC.
dba RUSSELL'S #175
555 ZANG STREET SUITE 300
LAKEWOOD, CO 80228

Principal Place of Business
555 ZANG ST #300
LAKEWOOD, CO 80228

Mailing Address
555 ZANG ST., #300
LAKEWOOD, CO 80228

3. Date Incorporated or Qualified: 2/19/1985
3a. Date of Last Report: 2/21/97

2. Principal Place of Business
21 555 ZANG ST
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 LAKEWOOD, CO
Zip 24 80228 Country 25 USA

2a. Mailing Address
26 555 ZANG STREET
Suite, Apt. #, etc.
27 SUITE 300
City & State
28 LAKEWOOD, CO
Zip 29 80228 Country 30 USA

4. FEI Number: 99-0181179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERLANTI, DONALD V.		1.2 NAME	
STREET ADDRESS	145 BARRANCA RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE, NM 87501		1.4 CITY-ST-ZIP	
TITLE	COB	☐ DELETE	2.1 TITLE	000000231041 ☐ Change ☐ Addition
NAME	BERLANTI, DONALD V.		2.2 NAME	-10/02/97--01109--009
STREET ADDRESS	145 BARRANCA ROAD		2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	SANTA FE, NM 87501		2.4 CITY-ST-ZIP	
TITLE	PSTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JOHN P. JR.		3.2 NAME	
STREET ADDRESS	1951 S. PARFET DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD, CO 80227		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	TANIYAN, LORRAINE		4.2 NAME	MATTUCCI, BESSIE
STREET ADDRESS	604 LALAWAI ST		4.3 STREET ADDRESS	3175 WAIALAE AVE., #304
CITY-ST-ZIP	WAHIAWA, HI 96786		4.4 CITY-ST-ZIP	HONOLULU, HI 96816
TITLE	S-ASST	☐ DELETE	5.1 TITLE	S. ASST ☒ Change ☐ Addition
NAME	NELSON, KARINA		5.2 NAME	VAN CAMP, KARINA
STREET ADDRESS	8056 S. KRAMERIA WAY		5.3 STREET ADDRESS	8056 S. KRAMERIA WAY
CITY-ST-ZIP	ENGLEWOOD, CO 80112		5.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 8/27/97 (303) 985-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #