

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P07841 (0)
1. Corporation Name
OSHKOSH B'GOSH, INC.



Principal Place of Business
112 OTTER STREET
PO BOX 300
OSHKOSH WI 54902-0300

Mailing Address
112 OTTER STREET
PO BOX 300
OSHKOSH WI 54902-0300

3. Date Incorporated or Qualified
10/23/1985

3a. Date of Last Report
02/02/1996

4. FEI Number
39-0519915

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
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
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, DOUGLAS W	1.2 NAME	see attached
STREET ADDRESS	3700 EDGEWATER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSHKOSH WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WYMAN, THOMAS R.	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2896 FOND DE LAC ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSHKOSH WI	2.4 CITY-ST-ZIP	
TITLE	VPFT	3.1 TITLE	
NAME	JACOBSEN, WILLIAM P.	3.2 NAME	
STREET ADDRESS	1605 MARICOPA DR	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	OSHKOSH WI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PLYE, JUDITH D.	4.2 NAME	
STREET ADDRESS	601 RAYOVAC DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	
NAME	DUBACK, STEVEN R	5.2 NAME	
STREET ADDRESS	411 E. WISCONSIN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, ORREN J.	6.2 NAME	
STREET ADDRESS	6770 N. REYNARD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	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 in an attachment with an address.

SIGNATURE

David L. Doroshinski 4/16/97 4/16/97 4/16/97

CR2E034 (9/96)