


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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90131 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P07841

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-0519915	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 HYDE, DOUGLAS W 3700 EDGEWATER LANE OSHKOSH WI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WYMAN, THOMAS R. 2896 FOND DE LAC ROAD OSHKOSH WI	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VPFT OMACHINSKI, DAVID L 112 OTTER AVE OSHKOSH WI 54901	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D DUBACK, STEVEN R 411 E. WISCONSIN AVE. MILWAUKEE WI	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D BRADLEY, ORREN J. 6770 N. REYNARD ROAD MILWAUKEE WI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Omachinski

Date

Daytime Phone #

9202324/254

CR2E034 (11/98)

**OSHKOSH B'GOSH, INC.**

FEIN: 39-0519915

21-Jan-99

235790 90131-24  
P07841**OFFICERS:**

<u>NAME &amp; TITLE</u>	<u>Business ADDRESS</u>	<u>EFFECTIVE</u>
<b>Douglas W. Hyde</b> Chairman, President & CEO	112 Otter Ave. Oshkosh, WI 54901	06-01-92
<b>Michael D. Wachtel</b> Exec. V.P. & COO & Asst. Sec.	112 Otter Ave. Oshkosh, WI 54901	06-01-92
<b>Donald M. Carlson</b> V.P. Human Resources	112 Otter Ave. Oshkosh, WI 54901	01-01-90
<b>Kenneth H. Masters</b> V.P. Manufacturing	112 Otter Ave. Oshkosh, WI 54901	05-06-94
<b>Jon C. Dell'Antonia</b> V.P. MIS	112 Otter Ave. Oshkosh, WI 54901	02-26-90
<b>Steven R. Duback</b> Secretary	411 E. Wisconsin Ave. Milwaukee, WI 53202-4497	
<b>Cliff Thompson</b> Senior V.P. Operations	112 Otter Ave. Oshkosh, WI 54901	
<b>David L. Omachinski</b> V.P. Finance, Treasurer & CFO	112 Otter Ave. Oshkosh, WI 54901	05-06-94
<b>William F. Wyman</b> V.P. Domestic Licensing	112 Otter Ave. Oshkosh, WI 54901	05-06-94
<b>Barbra Widder-Lowry</b> V.P. Childrenswear Product Dvlp	112 Otter Ave. Oshkosh, WI 54901	05-06-94
<b>Paul A. Lowry</b> V.P. Corporate Retail	112 Otter Ave. Oshkosh, WI 54901	05-06-94
<b>Gary Brock</b> V.P. Sales, Childrenswear	112 Otter Ave. Oshkosh, WI 54901	

**DIRECTORS:**

<u>NAME &amp; TITLE</u>	<u>Business ADDRESS</u>	<u>EFFECTIVE</u>
<b>Stig A. Kry</b> Retired	333 East 68th Street New York, NY 10021	05-03-96
<b>William F. Wyman</b> V.P. Domestic Licensing	112 Otter Ave. Oshkosh, WI 54901	05-03-96
<b>Douglas W. Hyde</b> Chairman/President & CEO	112 Otter Ave. Oshkosh, WI 54901	06-01-92
<b>Michael D. Wachtel</b> Exec. VP & COO & Asst. Secretary	112 Otter Ave. Oshkosh, WI 54901	06-01-92
<b>Steven R. Duback</b> QUARLES & BRADY	411 E. Wisconsin Ave. Milwaukee, WI 53202-4497	
<b>Orren J. Bradley</b> Retired	925 E. Wells Street Milwaukee, WI 53202	
<b>Jerry M. Hiegel</b> HIEGEL GROUP, INC.	One South Pinckney St. Suite 333 Madison, WI 53703	05-06-94
<b>David L. Omachinski</b> VP Finance/Treasurer/CFO	112 Otter Ave. Oshkosh, WI 54901	
<b>Shirley Dawe</b> SHIRLEY DAWE ASSOCIATES, INC.	119 Crescent Road Toronto, Ontario Canada M4W 1T8	05-02-97