

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90109 032 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P10376**

1. Corporation Name

**BUSTER BROWN APPAREL, INC.**

Principal Place of Business

Mailing Address

2001 WHEELER AVE  
CHATTANOOGA TN 37406  
US

2001 WHEELER AVE  
CHATTANOOGA TN 37406-5008  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/10/1986**

4. FEI Number

**38-2478939**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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 **SVPD** ☐ DELETE  
NAME **RICE, BRUCE**  
STREET ADDRESS **2001 WHEELER AVE.**  
CITY-ST-ZIP **CHATTANOOGA TN**

1.1 TITLE **Vice President** ☒ Change ☐ Addition  
1.2 NAME **Rice, Bruce**  
1.3 STREET ADDRESS **2001 Wheeler Ave**  
1.4 CITY-ST-ZIP **Chattanooga TN 37406**

TITLE **SVP** ☐ DELETE  
NAME **CLARK, STEPHEN**  
STREET ADDRESS **2001 WHEELER AVENUE**  
CITY-ST-ZIP **CHATTANOOGA TN**

2.1 TITLE **PS** ☒ Change ☐ Addition  
2.2 NAME **Clark, Stephen**  
2.3 STREET ADDRESS **2001 Wheeler Ave**  
2.4 CITY-ST-ZIP **Chattanooga, TN 37406**

TITLE **D** ☒ DELETE  
NAME **FERGUSON, DAVID L**  
STREET ADDRESS **840 APOLLO ST, SUITE 223**  
CITY-ST-ZIP **EL SEGUNDO CA 90245**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Gaffney, James**  
3.3 STREET ADDRESS **10551 Wilshire Blvd**  
3.4 CITY-ST-ZIP **Los Angeles, CA 90024**

TITLE **PCEO** ☒ DELETE  
NAME **LURRIE, GEOFFREY D**  
STREET ADDRESS **2001 WHEELER AVE**  
CITY-ST-ZIP **CHATTANOOGA TN 37406**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Richey, Donald**  
4.3 STREET ADDRESS **3894 Sherview Dr.**  
4.4 CITY-ST-ZIP **Sherman Oaks, CA 91403**

TITLE **VCEO** ☒ DELETE  
NAME **BELCHER, RANDY L**  
STREET ADDRESS **2001 WHEELER AVE**  
CITY-ST-ZIP **CHATTANOOGA TN**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Handal, Peter**  
5.3 STREET ADDRESS **375 Park Ave, Ste 1902**  
5.4 CITY-ST-ZIP **New York, NY 10152**

TITLE **D** ☒ DELETE  
NAME **KALLMAN, JAMES D**  
STREET ADDRESS **270 PARK AVENUE, 5TH FLR**  
CITY-ST-ZIP **NEW YORK NY 10001**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Fulbright, Michael**  
6.3 STREET ADDRESS **1940 Dinsmore Rd**  
6.4 CITY-ST-ZIP **Alpharetta GA 30004**

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:

**Stephen Clark**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-99**

**(423) 629-2531**

Date

Daytime Phone #

CR2EN34 (11/98)