

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90011 021 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P31463

1. Corporation Name
EDDIE BAUER, INC.

Principal Place of Business

C/O GEN'L ACCTG
 150100 NE 36TH STREET
 REDMOND WA 98052

Mailing Address

C/O GEN'L ACCTG
 150100 NE 36TH STREET
 REDMOND WA 98052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

41-0969737

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.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHERRY, KEN A	
STREET ADDRESS	15010 NE 36 STR	
CITY-ST-ZIP	REDMOND WA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERSCH, RICHARD T.	
STREET ADDRESS	15010 N.E. 36TH ST.	
CITY-ST-ZIP	REDMOND WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORAN, MICHAEL R	
STREET ADDRESS	3500 LACEY RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHAMBARD, ALAN R.	
STREET ADDRESS	15010 N.E. 36TH ST.	
CITY-ST-ZIP	REDMOND WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCREADY, RAYMOND G	
STREET ADDRESS	15010 N.E. 36TH ST.	
CITY-ST-ZIP	REDMOND WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANNATARO, JAMES R	
STREET ADDRESS	15010 NE 36 STR	
CITY-ST-ZIP	REDMOND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Deborah B. Divis **REQUIRED** Deborah B. Divis

Date

3-17-99

Daytime Phone #

(630)769-2160

CR2E034-(11/98)