FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34903 (5)

1. Corporation Name

ST. JOHN KNITS, INC.

Principal Place of Business	Mailing Address
17422 DERIAN AVENUE IRVINE CA 92713 US	17832 GILLETTE IRVINE CA 92714 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1991
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 95-2245070 ☐ 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	11 TITLE	V ☐ Change ☒ Addition
NAME	GRAY, BOB	12 NAME	Diane M. Griffiths
STREET ADDRESS	17422 DERIAN AVENUE	13 STREET ADDRESS	17422 Derian Ave.
CITY-ST-ZIP	IRVINE CA	14 CITY-ST-ZIP	Irvine, CA 92714
TITLE	PD	21 TITLE	V ☐ Change ☒ Addition
NAME	DAVIS, ROBERT C.	22 NAME	Karla R. Guyer
STREET ADDRESS	17422 DERIAN AVENUE	23 STREET ADDRESS	17422 Derian Ave.
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP	Irvine, CA 92714
TITLE	D	31 TITLE	D ☐ Change ☒ Addition
NAME	GADBOIS RICHARD A. III	32 NAME	David A. Krinsky
STREET ADDRESS	17422 DERIAN AVENUE	33 STREET ADDRESS	18881 Von Karman, 16th Floor
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP	Irvine, CA 92715
TITLE	CDS	41 TITLE	☐ Change ☐ Addition
NAME	GRAY, MARIE	42 NAME	
STREET ADDRESS	17422 DERIAN AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	RUPPERT, ROGER G	52 NAME	
STREET ADDRESS	17422 DERIAN AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	GRAY, KELLY	62 NAME	
STREET ADDRESS	17422 DERIAN AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roger G. Ruppert 4/24/95 714-263-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402406 FP