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

0052042

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

FILED
99 APR -9 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052187**

1. Corporation Name
**LANS END, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1801 HERMITAGE BLVD. SUITE 600<br>TALLAHASSEE FL 32308 | 1801 HERMITAGE BLVD. SUITE 600<br>TALLAHASSEE FL 32308 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**06/12/1997**

4. FEI Number
~~APPLIED FOR~~ 59-3535089
[ ] 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 [X] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD, SUITE 600
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

800002842328--5
-04/16/99--01078--025
****150.00 ****150.00

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 changing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | [ ] DELETE | 11 TITLE | DVAS | [X] Change [ ] Addition |
| NAME | BENNETT, DOUGLAS W | | 12 NAME | James W. Horton | |
| STREET ADDRESS | 1801 HERMITAGE BLVD, SUITE 600 | | 13 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 14 CITY-ST-ZIP | Tallahassee, FL 32308 | |
| TITLE | D | [ ] DELETE | 21 TITLE | D | [ ] Change [X] Addition |
| NAME | HORTON, JAMES W | | 22 NAME | Jeffrey L. Smith | |
| STREET ADDRESS | 1801 HERMITAGE BLVD, SUITE 600 | | 23 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 24 CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | | [ ] DELETE | 31 TITLE | P | [ ] Change [X] Addition |
| NAME | | | 32 NAME | Laler C. DeCosta | |
| STREET ADDRESS | | | 33 STREET ADDRESS | 3424 Peachtree RD, NE, Suite 800 | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | Atlanta, GA 30326 | |
| TITLE | | [ ] DELETE | 41 TITLE | V | [ ] Change [X] Addition |
| NAME | | | 42 NAME | William R. Forth | |
| STREET ADDRESS | | | 43 STREET ADDRESS | 3424 Peachtree RD, NE, Suite 800 | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | Atlanta, GA 30326 | |
| TITLE | | [ ] DELETE | 51 TITLE | T | [ ] Change [X] Addition |
| NAME | | | 52 NAME | Patricia C. Snedeker | |
| STREET ADDRESS | | | 53 STREET ADDRESS | 3424 Peachtree RD, NE, Suite 800 | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | Atlanta, GA 30326 | |
| TITLE | | [ ] DELETE | 61 TITLE | S | [ ] Change [X] Addition |
| NAME | | | 62 NAME | Thomas A. McKean | |
| STREET ADDRESS | | | 63 STREET ADDRESS | 3424 Peachtree RD, NE, Suite 800 | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | Atlanta, GA 30326 | |

CR2E034 (11/98)

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:** Douglas W. Bennett, Director 4-14-99 850-488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pg 2

VAT Addition

Luanne K. Good
1801 Hermitage Blvd., Suite 600
Tallahassee, FL 32308