2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000052187**

1. Entity Name

SIGNATURE

LANS'END. INC.

Principal Place of Business

Mailing Address

ibùi hermitage blvd. Suite 600 Tallahassee fl 32308 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7707 FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90248 047 ***150.00

Principal Place of Business		3. Mailing Addr	ess				
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		DO NOT WRITE IN THIS SPACE		
Dity & State		City & State			4. FEI Number 59-3535089 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required -	able	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TODD, DAVID E 1801 HERMITAGE BLVD, SUITE 600				Name Street Address (P.O. Box Number is Not Acceptable)			
	ASSEE FL 32308		٠.	City	FL Zip Code		
The above non	and antity submits this statems	 ant for the number of ch	anging its register	nd office or regi	victored agent, or both, in the State of Florida		

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. DVAS 🛚 Delete D X Change Addition TITLE TITLE BENNETT, DOUGLAS W NAME NAME Douglas W. Bennett STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY - ST - 7tP TALLAHASSEE FL 32308 Tallahassee, FL_32308 [X] Change Addition TITLE Delete TITLE DVAS HORTON, JAMES W NAME NAME James W. Horton STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 1801 Hermitage Blvd. CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee, FL 32308 Addition ☐ Change TITLE TITLE X Delete smith, Jeffrey L NAME Thomas A. McKean NAME STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 3424 Peachtree Road, NE., #800 CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Atlanta, GA 30326 X Addition ☐ Change TITLE ☐ Delete TITLE DECOSTA, LALER D NAME NAME Lynne Quick STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD., NE SUITE 800 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Tallahassee, FL 32308 TITLE Change X Addition TITLE ☐ Delete VT FORTH, WILLIAM R NAME NAME Renee Bergeron STREET ADDRESS 3424 PEACHTREE RD, NE, SUITE 800 STREET ADDRESS 3424 Peachtree Road, NE., #800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 <u>Atlanta, GA 30326</u> ☐ Change Addition TITLE TITLE X Delete SNEDEKER, PATRICIA C NAME NAME STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD, NE, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326

13. 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 report or supplemental 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 receipting trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if channed, or on an attachment with 2nd address, with all other like empowered.

SIGNATURE:

SIGNATURE A

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett, Director

850/488-4406

Daytime Phone #

CHZE034 (9/9