

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000829 (1)**

1. Corporation Name
AMERICAN EAGLE OUTFITTERS, INC.



Principal Place of Business: **150 THORN HILL DR. WARRENDALE PA 15086**
Mailing Address: **150 THORN HILL DR. WARRENDALE PA 15086**

3. Date Incorporated or Qualified: **02/18/1994**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **25-1724320**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
85 Zip Code **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORMAN, SAM	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, CARL	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKFIELD, ROGER S	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GERAMITA, GARY B	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KERIN, JOSEPH E	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA 15086	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERGDAHL, MICHAEL E	
STREET ADDRESS	150 THORN HILL DR.	
CITY-ST-ZIP	WARRENDALE PA 15086	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	George Kolber	
13 STREET ADDRESS	150 THORN HILL DR.	
14 CITY-ST-ZIP	Warrendale, PA 15086	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	by Schottenstein	
23 STREET ADDRESS	1800 moler Rd.	
24 CITY-ST-ZIP	Columbus, OH 43207	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VP/Secretary/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dale E. Clifton	
43 STREET ADDRESS	150 THORN HILL DR.	
44 CITY-ST-ZIP	Warrendale, PA 15086	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Laura Weil	
63 STREET ADDRESS	150 Thorn Hill DR.	
64 CITY-ST-ZIP	Warrendale, PA 15086	

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)(b), 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 the statement with an address.

SIGNATURE: *Dale E. Clifton* Date: **5-31-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Dale E. Clifton - VP/Secretary/Controller** Date: _____
412-776-4857

CR2E034 (12/95)