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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 15086-7528**

3. Date Incorporated or Qualified **02/18/1994** 3a. Date of Last Report **06/04/1996**

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 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **COO**

STREET ADDRESS **GEORGE KOLBER**

CITY-ST-ZIP **150 THORN HILL DR**
WARRENDALE PA

TITLE DELETE

NAME **D**

STREET ADDRESS **JAY SCHOTTENSTEIN**

CITY-ST-ZIP **1800 MOLER RD**
COLUMBUS OH

TITLE DELETE

NAME **P**

STREET ADDRESS **MARKFIELD, ROGER S**

CITY-ST-ZIP **150 THORN HILL DR.**
WARRENDALE PA

TITLE DELETE

NAME **VPST**

STREET ADDRESS **DALE E. CLIFTON**

CITY-ST-ZIP **150 THORN HILL DR.**
WARRENDALE PA

TITLE DELETE

NAME **V**

STREET ADDRESS **KERIN, JOSEPH E**

CITY-ST-ZIP **150 THORN HILL DR.**
WARRENDALE PA 15086

TITLE DELETE

NAME **CFP**

STREET ADDRESS **Laura Weil**

CITY-ST-ZIP **150 THORN HILL DR.**
WARRENDALE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **VP/Controller**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **CFO**

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-23-97 (412) 776-4857**

CR2E034 (9/96)