

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F9400000829 (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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1994	
21		26		4. FEI Number 25-1724320	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE KOLBER	1.2 NAME	
STREET ADDRESS	150 THORN HILL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAY SCHOTTENSTEIN	2.2 NAME	
STREET ADDRESS	1800 MOLER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKFIELD, ROGER S	3.2 NAME	
STREET ADDRESS	150 THORN HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE E. CLIFTON	4.2 NAME	
STREET ADDRESS	150 THORN HILL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERIN, JOSEPH E	5.2 NAME	
STREET ADDRESS	150 THORN HILL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	5.4 CITY-ST-ZIP	
TITLE	CFP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA WEIL	6.2 NAME	
STREET ADDRESS	150 THORN HILL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA	6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* No. **4-22-98 (724)794857**

CR2E034 (10/97)