

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

000762

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90137 009 \*\*\*150.00

DOCUMENT # F94000000829

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

DO NOT WRITE IN THIS SPACE

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

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                          |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE   | 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 <input type="checkbox"/> DELETE   | 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 <input type="checkbox"/> DELETE  | 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 <input type="checkbox"/> DELETE   | 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 <input type="checkbox"/> DELETE | 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4-28-99 (724) 776-4857

CR2E034 (11/98)