

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90055 034 ***150.00

DOCUMENT # 853590

1. Entity Name
LANE BRYANT, INC.

Principal Place of Business
5 LIMITED PARKWAY EAST
REYNOLDSBURG OH 43068

Mailing Address
5 LIMITED PARKWAY EAST
REYNOLDSBURG OH 43068

2. Principal Place of Business

3. Mailing Address

3750 State Rd 7-B13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bensalem PA

4. FEI Number

13-3118358

Applied For

Not Applicable

Zip

Country

Zip

Country

19020

Bucks

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	DEAN, JILL	
STREET ADDRESS	5 LIMITED PARKWAY EAST	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	DS	☒ Delete
NAME	LYONS, TIMOTHY	
STREET ADDRESS	3 LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH 43230	
TITLE	CEO	☒ Delete
NAME	GILMAN, KENNETH	
STREET ADDRESS	3 LIMITED PARKWAY E	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	EVPO	☒ Delete
NAME	GASTON, SAMUEL	
STREET ADDRESS	5 LIMITED PARKWAY EAST	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	☒ Change ☐ Addition
NAME	Eric M Specter	
STREET ADDRESS	3750 State Rd 7-B13	
CITY-ST-ZIP	Bensalem PA 19020	
TITLE	CEO	☒ Change ☐ Addition
NAME	Donat-J-Burns	
STREET ADDRESS	3750 State Rd 7-B13	
CITY-ST-ZIP	Bensalem PA 19020	
TITLE	VP-SEC-Treas	☒ Change ☐ Addition
NAME	John J. Sullivan	
STREET ADDRESS	3750 State Rd 7-B13	
CITY-ST-ZIP	Bensalem PA 19020	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Sullivan 1-22-02 2156386741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)