

F9500004705

Document Number

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

400001595574
-09/27/95--01057--019
****122.50 ****122.50

Casual Care Corp, Inc

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CORPORATIONS
95 SEP 27 AM 11:50
mha

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Resurrection	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> CUS/G/S
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input checked="" type="checkbox"/> Walk In		
<input type="checkbox"/> Mail Out		

Name

Availability

Document Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

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175 HUDSON STREET
11TH FLOOR
NEW YORK, NY 10014-1660
112-161-2700

800-321-0770



September 26, 1995

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314

RE: CASUAL CORNER GROUP, INC.
Name Reservations

Dear Sir/Madam:

We hereby request that your office cancel the above referenced name reservation submitted by Prentice Hall Legal & Financial Services. Release name to C T Corporation System.
Thank you for your prompt and courteous handling of this matter.

Sincerely,

Madeline Donolue
Madeline Donolue
Client Specialist

MD

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. CASUAL CORNER GROUP, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Delaware (State or country under the law of which it is incorporated) 3. 51-0368883
(FEI number, if applicable)

4. June 26, 1995 (Date of incorporation) 5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 100 Phoenix Avenue, Enfield, Connecticut 06083-1700
(Current mailing address)

8. Retail - Women's Apparel
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

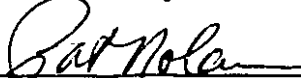
9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine
Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System



(Registered agent's signature) (Officer)

Pat Nolan Assistant Secretary

(Type Name and Title of Officer)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leonardo Del Vecchio

Address: 100 Phoenix Avenue

Enfield, Connecticut 06083-1700

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Claudio Del Vecchio, President
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
CASUAL CORNER GROUP, INC.**

1. Leonardo Del Vecchio
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
2. Claudio Del Vecchio
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
3. Roberto Chemello
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
4. Susi Belli
100 Phoenix Avenue
Enfield, Connecticut 06083-1700

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
CASUAL CORNER GROUP, INC.**

1. Leonardo Del Vecchio, Chief Executive Officer
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
2. Claudio Del Vecchio, President
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
3. Roberto Chemello, Executive Vice President & Treasurer
100 Phoenix Avenue
Enfield, Connecticut 06083-1700
4. Susi Belli, Secretary
100 Phoenix Avenue
Enfield, Connecticut 06083-1700

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASUAL CORNER GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

2517787 8300

950219533

AUTHENTICATION:

7652990

DATE:

09-26-95

F95000004705



ACCOUNT NO. : 072100000032
 REFERENCE : 532766 5051056
 AUTHORIZATION : *Patricia Poyette*
 COST LIMIT : \$ 35.00

ORDER DATE : September 17, 1997
 ORDER TIME : 1:30 PM
 ORDER NO. : 532766-045
 CUSTOMER NO: 5051056

CUSTOMER: Karen Mallin, Legal Asst
 Casual Corner Group, Inc.
 100 Phoenix Avenue
 Enfield, CT 06082

UUUUU2322300--1

CHANGE OF AGENT

NAME: CASUAL CORNER GROUP, INC.

FILED
 97 OCT 16 PM 3:26
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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CONTACT PERSON: Daniel W Leggett

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 97 OCT 16 PM 2:44
 DIVISION OF CORPORATION

10/16
Jon R.A. Change

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1a. The name of the corporation is: CASUAL CORNER GROUP, INC.

1b. Date of incorporation: _____ Document number _____

2. The name and address of the current registered agent and office:
C T CORPORATION SYSTEM
1200 SO. PINE ISLAND DRIVE PLANTATION FL

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)
CORPORATION SERVICE COMPANY
1201 Hays Street, Tallahassee, Florida 32301

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Eugene Feola
SIGNATURE
October 8, 1997
DATE

Eugene Feola, Vice President
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CORPORATION SERVICE COMPANY
SIGNATURE By: Vicki Schreiber
ASST VICE/PRESIDENT

DATE _____

97 OCT 6 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

F9500004703



ACCOUNT NO. : 072100000032
REFERENCE : 532766 5051056
AUTHORIZATION : Patricia Pappas
COST LIMIT : \$ 35.00

ORDER DATE : September 17, 1997

ORDER TIME : 1:30 PM

ORDER NO. : 532766-045

CUSTOMER NO: 5051056

CUSTOMER: Karen Mallin, Legal Asst
Casual Corner Group, Inc.
100 Phoenix Avenue

UUUUU2322300--1

Enfield, CT 06082

CHANGE OF AGENT

NAME: CASUAL CORNER GROUP, INC.

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TALLAHASSEE FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Daniel W Leggett

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10/16
Jon R.A.
Change

Florida Department of State, Jan Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1a. The name of the corporation is: CASUAL CORNER GROUP, INC.

1b. Date of incorporation: _____ Document number _____

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1200 S.W. PINE ISLAND DRIVE PLANTATION FL

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Eugene Feola, Vice President
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CORPORATION SERVICE COMPANY
SIGNATURE BY: [Signature]
ASST VICE PRESIDENT
DATE _____

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TALLAHASSEE FLORIDA