


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90193 033 ***150.00

DOCUMENT # F95000004705

1. Entity Name
RETAIL BRAND ALLIANCE, INC.



Principal Place of Business
**100 PHOENIX AVENUE
ENFIELD CT 06083-1700**

Mailing Address
**100 PHOENIX AVENUE
ENFIELD CT 06083-1700**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0368883**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP DEL VECCHIO, CLAUDIO <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD SHULMAN, MARK <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD CT 06083-1700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BAUMANN, BRIAN <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRIEDLANDER, CAROLEE <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FEOLA, EUGENE <input type="checkbox"/> Delete 100 PHOENIX AVE. ENFIELD CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROKOSZ, ROSEANN <input checked="" type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD CT 06083-1700

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Baumann* **SIGNATURE REQUIRED** **BRIAN BAUMANN** 2/11/03 860-741-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)