

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004602

Entity Name: MARSHALLS OF MA, INC.

FILED  
Mar 22, 2012  
Secretary of State

**Current Principal Place of Business:**

770 COCHITUATE RD.  
FRAMINGHAM, MA 01701

**New Principal Place of Business:**

**Current Mailing Address:**

770 COCHITUATE RD.  
ATTN: CORP TAX DEPT J5S  
FRAMINGHAM, MA 01701 US

**New Mailing Address:**

FEI Number: 04-2261984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHERR, RICHARD  
Address: 770 COCHITUATE RD  
City-St-Zip: FRAMINGHAM, MA 01701

Title: V  
Name: APPEL, ALFRED  
Address: 770 COCHITUATE RD  
City-St-Zip: FRAMINGHAM, MA 01701

Title: S  
Name: MCCAULEY, ANN  
Address: 770 COCHITUATE RD  
City-St-Zip: FRAMINGHAM, MA 01701

Title: T  
Name: REYNOLDS, MARY B  
Address: 770 COCHITUATE RD  
City-St-Zip: FRAMINGHAM, MA 01701

Title: D  
Name: NAYLOR, JEFFREY  
Address: 770 COCHITUATE RD  
City-St-Zip: FRAMINGHAM, MA 01701

Title: V  
Name: SCHWARTZ, LISA  
Address: 770 COCHITUATE ROAD  
City-St-Zip: FRAMINGHAM, MA 01701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFRED APPEL

V

03/22/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date