

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G25751 (0)**

1. Corporation Name
MARSHALLS DEPARTMENT STORE OF DELRAY BEACH, FL., INC.



Principal Place of Business: **200 BRICKSTONE SQ. P.O. BOX 9030 ANDOVER MA 01810-7930**
Mailing Address: **200 BRICKSTONE SQ. P.O. BOX 9030 ANDOVER MA 01810-7930**

3. Date Incorporated or Qualified: **02/28/1983**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701**
2a. Mailing Address: **ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701**

4. FEI Number: **04-2781422**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: **FL** (City and Zip Code)

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	VPS AMBRO, J. G. ONE THEALL RD RYE NY	1.1 TITLE	SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST <input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	ONE THEALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	D GOLDSTEIN, STANLEY ONE THEALL ROAD RYE NY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST <input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	ONE THEALL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	2.4 CITY-ST-ZIP	
TITLE	T COHEN, IRWIN 200 BRICKSTONE SQ. ANDOVER MA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST <input checked="" type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	3.4 CITY-ST-ZIP	
TITLE	D FEIDBERG, WARREN 200 BRICKSTONE SQUARE ANDOVER MA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST <input checked="" type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	4.4 CITY-ST-ZIP	
TITLE	PCO ROSSI, JERRY 200 BRICKSTONE SQ. ANDOVER MA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST <input checked="" type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ.	5.3 STREET ADDRESS	200001788832
CITY-ST-ZIP	ANDOVER MA	5.4 CITY-ST-ZIP	-04/22/96--01056--002
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***200.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **APR 15 1996**

CR2E034 (12/95)

MARSHALLS OF ROSEVILLE, MINN., INC.
MARSHALLS OF RICHFIELD, MN., INC.
MARSHALLS INC. AND ALL SUBSIDIARIES
OFFICERS & DIRECTORS
MARCH 14, 1996

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|-----------------------------|-------------------------------|
| PRESIDENT | RICHARD LESSER |
| VICE PRESIDENT | ALFRED APPEL |
| VICE PRESIDENT | DONALD CAMPBELL |
| VICE PRESIDENT | DAVID WEINER |
| VICE PRESIDENT | IRVING RITZ |
| TREASURER | STEVEN R. WISHNER |
| ASSISTANT TREASURER \ | MARY B. REYNOLDS |
| ASSISTANT SECRETARY | |
| SECRETARY | JAY H. MELTZER |
| ASSISTANT SECRETARY | KEVIN FOX |
| ASSISTANT SECRETARY | ANN MCCAULEY |
| CHAIRMAN BOARD OF DIRECTORS | BERNARD CAMMARATA |
| DIRECTOR | DONALD CAMPBELL |
| DIRECTOR | RICHARD LESSER |
| BUSINESS ADDRESS | ANNUAL MEETING |
| (FOR ALL OF THE ABOVE): | FIRST TUESDAY IN JUNE |
| ATTN: CORP. TAX DEPT. | TERM OF OFFICE FOR |
| 770 COCHITUATE ROAD | ALL OF THE ABOVE: |
| FRAMINGHAM, MA 01701 | MARCH 14, 1996 - JUNE 4, 1996 |