

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G43359** (0)

1. Corporation Name  
**MARSHALLS DEPARTMENT STORE COLONIAL, FL., INC.** 207

DO NOT WRITE IN THIS SPACE:

Principal Place of Business  
**200 BRICKSTONE SQ.  
C/O TAX DEPT.  
ANDOVER MA 01810**

Mailing Address  
**200 BRICKSTONE SQ.  
C/O TAX DEPT.  
ANDOVER MA 01810**

3. Date Incorporated or Qualified <b>06/13/1983</b>	3a. Date of Last Report <b>03/23/1994</b>
4. FEI Number <b>04-2805685</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GOLDSTEIN, STANLEY</b>
STREET ADDRESS	<b>ONE THEALL RD</b>
CITY - ST - ZIP	<b>RYE NY</b>
TITLE	<b>PCO</b>
NAME	<b>ROSSI, JERRY</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY - ST - ZIP	<b>ANDOVER MA</b>
TITLE	<b>D</b>
NAME	<b>FRIEDHEIM, MICHAEL</b>
STREET ADDRESS	<b>ONE THEALL RD</b>
CITY - ST - ZIP	<b>RYE NY</b>
TITLE	<b>VPS</b>
NAME	<b>MABRO, J. G</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY - ST - ZIP	<b>ANDOVER MA</b>
TITLE	<b>T</b>
NAME	<b>COHEN, IRWIN</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY - ST - ZIP	<b>ANDOVER MA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>J. Gregory Ambro</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D WARREN FEIDBERG</b>
6.3 STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
6.4 CITY - ST - ZIP	<b>ANDOVER, MA 01810</b>

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 110.07(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: **X** \_\_\_\_\_ DATE: **4-13-95** (Date) **508-474-7885** (Telephone Number)