2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96535

Entity Name: DAVID'S BRIDAL, INC.

FILED Apr 19, 2004 Secretary of State

-		,			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	HINGTON ST HOCKEN, PA				
Current Mailing Address:			New Mailing A	New Mailing Address:	
	HINGTON ST HOCKEN, PA				
El Number:	65-0214563	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Add	ress of New Registered Agent:	
C/O CT C0 1200 SOU PLANTATI The above	ORATION SYS DRPORATION TH PINE ISLA ON, FL 33324 named entity e of Florida.	I SYSTEM ND ROAD 1 US	ourpose of changing its rec	gistered office or registered agent, or both,	
SIGNATUF		· · · · · · · · · · · · · · · · · · ·		Data	
Election Car		nic Signature of Registered Age g Trust Fund Contribution().	ent	Date	
	. •	-			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PCEO (HUTH, ROBER 611 OLIVE STI SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SVRE (FROST, ROBE 611 OLIVE STE SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP (KAHN, EUGEN 611 OLIVE STE SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP (DOERR, MART 611 OLIVE STE SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP (KNIFFEN, JAN 611 OLIVE STE SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP (CHARLSON, A 611 OLIVE STE SAINT LOUIS,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN M. DOERR VP 04/19/2004

ROBERT D. HUTH, DIRECTOR 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428

JAN R. KNIFFEN, DIRECTOR 611 OLIVE STREET ST. LOUIS, MO 63101

JOHN L. DUNHAM, DIRECTOR 611 OLIVE STREET ST. LOUIS, MO 63101

MICHAEL H. MIRSKY, ASST. SECRETARY 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428

CARLA A. MARTIN, ASST. SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

JANE A. CRANE, ASST. SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

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CAROL FIELDING FASANO, ASST. SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

STEVEN M. WEINSTEIN, ASST. SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

LINDA J. BALICKI, ASST. SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

PATRICIA E. VISINTINE, ASST. TREASURER 611 OLIVE STREET ST. LOUIS, MO 63101

JOHN A. SZTUKOWSKI, TREASURER 611 OLIVE STREET ST. LOUIS, MO 63101

RICHARD A. BRICKSON, VP & SECRETARY 611 OLIVE STREET ST. LOUIS, MO 63101

WILLIAM M. GODDARD, VICE PRESIDENT 611 OLIVE STREET ST. LOUIS, MO 63101

THOMAS D. FINGLETON, VICE PRESIDENT 611 OLIVE STREET ST. LOUIS, MO 63101

RICHARD T. GIBSON, FINANCIAL OFFICER 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428

JOHN L. DUNHAM, CHAIRMAN OF THE BOARD 611 OLIVE STREET ST. LOUIS, MO 63101

RICHARD T. GIBSON, FINANCIAL OFFICER 1001 WASHINGTON STREET

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