

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

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF SECRETARY OF STATE  
James H. Meigs  
Tallahassee, Florida  
32399-0001

DOCUMENT # **P31203** (3)  
NO NONSENSE FACTORY OUTLET, INC.

APPROVED  
95 MAY 11 11 02 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office (Mailing Address)      Mailing Address  
**1006 HOWARD ST  
PO BOX 5407  
GREENSBORO NC 27403-010  
US**      **4905 KOGER BOULEVARD  
GREENSBORO NC 27407  
US**

2. Principal Place of Business      28. Mailing Address  
**21 4905 KOGER BLVD**      **28**  
State and Zip Code      State and Zip Code  
**22 Attn Tax Dept**      **27 Attn Tax Dept**  
City and State      City and State  
**23 Greensboro NC**      **28**  
**24 27407-2634**      **25 US**      **29**      **30**

3. Date of Incorporation or Qualified      3a. Date of Last Report  
**10/05/1990**      **06/15/1994**

4. FEI Number      Applied For / Not Applicable  
**06-0970808**

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

6. Election Campaign Financing / Trust Fund Contributions      \$5.00 May Be Added to Fees  
     

7. This corporation is a subsidiary for purposes of Chapter 607, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City**      **B5 Zip Code**  
**FL**

11. Pursuant to the provisions of Sections 607.040 and 607.1508, Florida Statutes, the above named corporation solemnly 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 responsibilities of Sections 607.040 and 607.1508, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	<b>P HORNE, J. A. 1006 HOWARD STREET GREENSBORO NC</b>	TYPE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	<b>GARY MALLOCH</b>
CITY		STREET ADDRESS	<b>4905 KOGER BLVD</b>
STATE		CITY	<b>27407-2639</b>
STATE	<b>V</b>	TYPE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STULL, F B</b>	NAME	<b>FRANK STULL</b>
STREET ADDRESS	<b>4905 KOGER BLVD GREENSBORO NC</b>	STREET ADDRESS	
CITY		CITY	<b>27407</b>
STATE		TYPE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESTON, D R</b>	NAME	<b>JOHN JACOB</b>
STREET ADDRESS	<b>4905 KOGER BLVD GREENSBORO NC</b>	STREET ADDRESS	
CITY		CITY	<b>27407-2639</b>
STATE		TYPE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COO MALLOCH, GARY N.</b>	NAME	<b>BOB PROCHASKA</b>
STREET ADDRESS	<b>4904 KOGER BOULEVARD GREENSBOROUGH NC</b>	STREET ADDRESS	<b>4905 KOGER BLVD</b>
CITY		CITY	<b>GREENSBORO NC 27407-2639</b>
STATE		TYPE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DD LUVIANO, RICOY</b>	NAME	<b>MARTIN RICOY</b>
STREET ADDRESS	<b>210 MADISON AVE - 6TH FLOOR</b>	STREET ADDRESS	<b>4905 KOGER BLVD</b>
CITY	<b>NEW YORK NY</b>	CITY	<b>GREENSBORO NC 27407-2639</b>
STATE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CPAS KENAN, HAMPDEN D.</b>	NAME	<b>Delete</b>
STREET ADDRESS	<b>4905 KOGER BOULEVARD GREENSBORO NC</b>	STREET ADDRESS	
CITY		CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and correct for the reasons stated in Section 607.040, Florida Statutes. I further certify that the information included on this report is not supplemental, annual report, true and correct, or correct and that my corporation shall have the necessary articles of incorporation with that I am an officer or director of the corporation. The person or persons responsible for preparing this report are required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report as the principal office or mailing address.

SIGNATURE: *John G. Jacob*      **JOHN G. JACOB**      4/24/95      910 547-4674