

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90138 013 \*\*\*150.00

**DOCUMENT # F95000004705**

1. Entity Name

**CASUAL CORNER GROUP, INC.**

Principal Place of Business

Mailing Address

**100 PHOENIX AVENUE  
 ENFIELD CT 06083-1700**

**100 PHOENIX AVENUE  
 ENFIELD CT 06083-1700**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0368883**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DELVECCHIO, LEONARDO</b> <b>100 PHOENIX AVENUE</b> <b>ENFIELD CT</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPCD</b> <b>DELVECCHIO, CLAUDIO</b> <b>100 PHOENIX AVENUE</b> <b>ENFIELD CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>C/P/D/CEO</b> <b>DELVECCHIO, CLAUDIO</b> <b>100 PHOENIX AVE</b> <b>ENFIELD, CT. 06083</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VTD</b> <b>CHEMELLO, ROBERTO</b> <b>100 PHOENIX AVENUE</b> <b>ENFIELD CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T/CEO</b> <b>BRIAN BAUMANN</b> <b>100 PHOENIX AVE</b> <b>ENFIELD, CT. 06083</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VS</b> <b>FEOLA, EUGENE</b> <b>100 PHOENIX AVENUE</b> <b>ENFIELD CT 06083</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/S/D</b> <b>FEOLA, EUGENE</b> <b>100 PHOENIX AVE</b> <b>ENFIELD, CT. 06083</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>COO</b> <b>SANTEL, LUCIANO</b> <b>100 PHOENIX AVE.</b> <b>ENFIELD CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>COO/D</b> <b>MARK SHULMAN</b> <b>100 PHOENIX AVE</b> <b>ENFIELD, CT. 06083</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>V</b> <b>DEL VECCHIO, DEBRA</b> <b>100 PHOENIX AVE</b> <b>ENFIELD CT 06083</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01  
Date

(860) 741-0771  
Daytime Phone #

CR2E034 (10/00)

F95000004705  
812188

**OFFICERS AND DIRECTORS OF  
CASUAL CORNER GROUP, INC.**

*Business Address*  
**100 Phoenix Avenue  
Enfield, CT 06082**

as of January 15, 2001

<u>Name</u>	<u>Officer/Director</u>
Claudio Del Vecchio 100 Phoenix Avenue Enfield, CT 06082	Chairman of the Board, President, Chief Executive Officer and Director
Mark Shulman 100 Phoenix Avenue Enfield, CT 06082	Chief Operating Officer Director
Brian Baumann 100 Phoenix Avenue Enfield, CT 06082	Chief Financial Officer Treasurer
Eugene Feola 100 Phoenix Avenue Enfield, CT 06082	Secretary Vice President Director
Roseann Rokosz 100 Phoenix Avenue Enfield, CT 06082	Assistant Secretary
Alan Paperny 100 Phoenix Avenue Enfield, CT 06082	Assistant Secretary