2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# 218986

Entity Name: OUTLET DEPARTMENT STORE, INC.

Current Principal Place of Business:

36648 MISSOURI AVE
DADE CITY, FL 33525 US

New Principal Place of Business:

36648 MISSOURI AVE
DADE CITY, FL 33523 US

Current Mailing Address:

P.O BOX 1896
DADE CITY, FL 33525 US

New Mailing Address:

P.O BOX 1896
DADE CITY, FL 33526 US

FEI Number: 59-0856952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEITZENKORN,OTTO
36648 MISSOURI AVENUE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

WEITZENKORN,OTTO
36648 MISSOURI AVENUE
DADE CITY, FL 33523 US

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: _____ 01/05/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WEITZENKORN,OTTO
Address: 36648 MISSOURI AVENUE
City-St-Zip: DADE CITY, FL 33523 PA

Title: STD
Name: WEITZENKORN,ELAINE
Address: 36648 MISSOURI AVENUE
City-St-Zip: DADE CITY, FL 33523 PA

Title: VD
Name: WADLER, JOAN W
Address: 16201 GLENURY CT
City-St-Zip: TAMPA, FL 33625 HI

Title: VD
Name: WEITZENKORN,RONALD
Address: 1234 INGLENOOK PLACE
City-St-Zip: CINCINNATI, OH 45208 HA

I hereby 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 all other like empowered.

SIGNATURE: OTTO WEITZENKORN PRES 01/05/2012
Electronic Signature of Signing Officer or Director — Date