FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 818443 (4)

1. Corporation Name
T. G. & Y. STORES CO. D-I-P

Principal Place of Business	Mailing Address
% MCCRORY CORP. 2955 E MARKET ST YORK PA 17402	% MCCRORY CORP. 2955 E MARKET ST YORK PA 17402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1965
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 73-0536810 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RIKLIS, MESHULAM	12 NAME	
STREET ADDRESS	2901 LAS VEGAS BLVD., SO	13 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	BULZACCHELLI, PAUL	22 NAME	
STREET ADDRESS	2955 E MARKET ST	23 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	24 CITY-ST-ZIP	
TITLE	SVP	31 TITLE	☐ Change ☐ Addition
NAME	~~JACKEL, STEPHEN~~	32 NAME	
STREET ADDRESS	2955 E MARKET ST	33 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	~~GOLDBERG, WILLIAM~~	42 NAME	HASKELL, DEAN
STREET ADDRESS	2955 E. MARKET ST.	43 STREET ADDRESS	2955 E. MARKET ST.
CITY-ST-ZIP	YORK PA	44 CITY-ST-ZIP	YORK PA 17402
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	WEINER, PAUL	52 NAME	
STREET ADDRESS	667 MADISON AVE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(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: Paul F Bulzacchelli PAUL F BULZACCHELLI APR 27 1995 717-757-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496100 FN