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 APR 18 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **824712** **(4)**

1. Corporation Name
ROSE'S STORES, INC.

Principal Place of Business	Mailing Address
218 S GARNETT ST P.O. DRAWER 947 HENDERSON, N. C. 27536	218 S. GARNETT ST P.O. BOX 947, N/A HENDERSON NC 27536 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1973	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number **56-0382475** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	11 TITLE	S	☒ Change ☐ Addition
NAME	HARVIN, L H, III	12 NAME	George T. Blackburn, II	
STREET ADDRESS	MEADOW LANE	13 STREET ADDRESS	719 Lakeview Dr.	
CITY-ST ZIP	HENDERSON, N C	14 CITY-ST ZIP	Henderson, NC 27536	
TITLE	V	21 TITLE	C/P/D	☒ Change ☐ Addition
NAME	ANDERSON, ROBERT EDWARD	22 NAME	Robert Edward Anderson	
STREET ADDRESS	2012 INVERNESS COURT	23 STREET ADDRESS	2012 Inverness Court	
CITY ST ZIP	RALEIGH NC	24 CITY-ST ZIP	Raleigh, NC 27615	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	AYOUB, SAM	32 NAME		
STREET ADDRESS	5425 GLENRIDGE DR, NE	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP		
TITLE	V	41 TITLE	Sr. VP/CFO	☒ Change ☐ Addition
NAME	PETERS, JEANETTE	42 NAME	Jeanette Peters	
STREET ADDRESS	122 HUNTERS RIDGE	43 STREET ADDRESS	1125 Burning Tree Dr.	
CITY ST ZIP	HENDERSON NC	44 CITY ST ZIP	Henderson, NC 27536	
TITLE	PCEO	51 TITLE	T	☒ Change ☐ Addition
NAME	JONES, GEORGE L.	52 NAME	William E. Triplett, III	
STREET ADDRESS	10774 TREGO TRAIL	53 STREET ADDRESS	957 Jones Wynd	
CITY ST ZIP	RALEIGH NC	54 CITY ST ZIP	Wake Forest, NC 27587	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CHURCH, MARION JOHNSON	62 NAME		
STREET ADDRESS	420 WOODLAND ROAD	63 STREET ADDRESS		
CITY ST ZIP	HENDERSON SC	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: Jeanette Peters — Sr. VP/CFO — 4-10-95 — (919)430-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0446318 PN