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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 27536-4644 US

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 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/24/1973
3a. Date of Last Report: 05/01/1996
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

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 of new 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	S	☐ DELETE	1.1 TITLE	SVP	☐ Change ☒ Addition
NAME	BLACKBURN, GEORGE T II		1.2 NAME	A. Len Priode	
STREET ADDRESS	719 LAKEVIEW DR		1.3 STREET ADDRESS	PO Box 947 N/A	
CITY-ST-ZIP	HENDERSON, N C		1.4 CITY-ST-ZIP	Henderson, NC 27536	
TITLE	CPD	☐ DELETE	2.1 TITLE	SVP	☐ Change ☒ Addition
NAME	ANDERSON, ROBERT E		2.2 NAME	Bob L. Sasser	
STREET ADDRESS	2012 INVERNESS COURT		2.3 STREET ADDRESS	PO Box 947 N/A	
CITY-ST-ZIP	RALEIGH NC		2.4 CITY-ST-ZIP	Henderson, NC 27536	
TITLE	D	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	WALTER F. LOEB		3.2 NAME	Barry L. Gouge	
STREET ADDRESS	1440 BROADWAY, SUITE 1070		3.3 STREET ADDRESS	PO Box 947 N/A	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	Henderson, NC 27536	
TITLE	SVPC	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	PETERS, JEANETTE		4.2 NAME	Robert A. Greenwald	
STREET ADDRESS	~~122 HUNTERS RIDGE~~ 194 Cannon Lane		4.3 STREET ADDRESS	PO Box 947 N/A	
CITY-ST-ZIP	~~HENDERSON NC~~ Bracey, VA 23919		4.4 CITY-ST-ZIP	Henderson, NC 27536	
TITLE	SVP	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HOWARD PARGE		5.2 NAME	Warren Lichtenstein	
STREET ADDRESS	2930 DOGWOOD DR		5.3 STREET ADDRESS	750 Lexington Ave., 27th Floor	
CITY-ST-ZIP	HENDERSON NC		5.4 CITY-ST-ZIP	New York, NY 10022	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JOE NUSIM		6.2 NAME	Jack Howard	
STREET ADDRESS	1360 HAMBURG TURNPIKE		6.3 STREET ADDRESS	2927 Montecito	
CITY-ST-ZIP	WAYNE NJ		6.4 CITY-ST-ZIP	Santa Rosa, CA 95404	

CR2E034 (9/96)

14. I do 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 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: X Jeanette Peters CFO 4-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #