2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824712

1. Entity Name

ROSÉ'S STORES, INC.					10-02-2002 90120 046 ***750.00			
Principal Place of Business 218 S GARNETT STREET HENDERSON NC 27536		Mailing Address P.O. BOX 947 HENDERSON NC 27536 US		V				
2. Principal F	Place of Business	3. Mailing Address	Mailing Address				 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 56-0382475		plied For at Applicable	
Zip C^try		Zip	Country		Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Register	ed Agent		
ŝ			Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
PLANTAT	ON FL 33324		City			Zip Code	e	
signature 9. This corporate filing	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NOTE: F	Registered Agent signature r FEE IS \$550.00 2002 Fee will be \$	required when		\$ 5.0	May Be to Fees	
,	· · · — — — — — — — — — — — — — — — — —							
11.	OFFICERS AND [12.	A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, ROBERT 218 S GARNETT STREET HENDERSON NC 27536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, R E 218 S GARNETT STREET HENDERSON NC 27536	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SAWYER, C W 218 S GARNETT STREET HENDERSON NC 27536	Delete	NAME STREET ADDRESS CITY-ST-ZIP	~ _		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RAMSEY, KENNETH 218 S GARNETT STREET HENDERSON NC 27536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS BLACKBURN, G T III 218 S GARNETT STREET HENDERSON NC 27536	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME	VPC SPRUNGER, BRANT	☐ Delete	TITLE NAME			☐ Change	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 expowered 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:

CITY-ST-ZIP

HENDERSON NC 27536

TOREAND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

*252-430-231*5

Daytime Phone #

FILED Oct 02, 2002 8:00 am Secretary of State

CR2E034 (4/02)