2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT #833393** 1. Entity Name JO-ANN STORES, INC. 04-29-2008 90091 037 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2550 P.O. BOX 2550 5555 DARROW ROAD 5555 DARROW ROAD HUDSON, OH 44236-4011 HUDSON, OH 44236-4011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 34-0720629 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE SECRETARY Change Addition A Delete FOLOSTONI, DAVID B. MORRISON, PATRICIA B NAME NAME 5 DARROW ROAD 1655 ROYAL PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP UDSON. VΡ ME PRESIDENT-TITLE Delete Change TITLE Addition 4 FINK, JEFF NAME NAME STREET ADDRESS 7538 CROWN POINT ROAD STREET ADDRESS HUDSON, OH 44236 CITY-ST-ZIP CITY-ST-ZIP **₹** Delete TITLE TITLE Change Addition NAME KERR, JAMES NAME STREET ADDRESS 14606 SHIREEN DR STREET ADDRESS CITY-ST-ZIP STRONGSVILLE, OH 44136 CITY-ST-71 PRESIDENT/CEO TITLE TITLE ___ Change Delete Addition WEBB, DARRELL 55,55 DARROW ROALS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TITLE TITLE ☐ Addition Delete Change JAMES C NAME NAME DARROW ROAD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davarue

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