

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836883

(9)

1. Corporation Name

COUNTY SEAT STORES, INC.

Principal Place of Business

6585 CITY WEST PKWY
EDEN PRAIRIE MN 55344

Mailing Address

6585 CITY WEST PKWY
EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1976

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

41-1272706

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 G. 199.032,
Florida Statutes

☐ Yes

☐ No

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PARKER, BARRY
STREET ADDRESS	6519 RIVERVIEW LANE
CITY - ST - ZIP	DALLAS TX
TITLE	VSD
NAME	CABRERA, LOUIS
STREET ADDRESS	5818 BENT CREEK TRAIL
CITY - ST - ZIP	DALLAS TX
TITLE	T
NAME	TOMECHKO, EDWARD A.
STREET ADDRESS	4105 HILLCREST ROAD
CITY - ST - ZIP	DEEHPHAVEN MN
TITLE	VAS
NAME	TAYLOR, JUDITH A.
STREET ADDRESS	6108 ARTIC WAY
CITY - ST - ZIP	EDINA MN
TITLE	D
NAME	JAMES, HAMILTON E.
STREET ADDRESS	1001 PARK AVE., APT. 15
CITY - ST - ZIP	NEW YORK NY
TITLE	AS
NAME	SHAPIRO, ROBERT A.
STREET ADDRESS	2504 PELICAN BAY
CITY - ST - ZIP	PIANO TX

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 from an attachment with an address.

SIGNATURE:

Edward A. Tomechko V.P./Treas 4/27/95 6.12/829-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Filing Fee #)