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May 01 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 # 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 55344-3248



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/18/1976

3a. Date of Last Report

04/10/1996

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

Signature type for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, BARRY	
STREET ADDRESS	6519 RIVERVIEW LANE	
CITY-STATE-ZIP	DALLAS TX	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CABRERA, LOUIS	
STREET ADDRESS	5818 BENT CREEK TRAIL	
CITY-STATE-ZIP	DALLAS TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TOMECHKO, EDWARD A.	
STREET ADDRESS	4105 HILLCREST ROAD	
CITY-STATE-ZIP	DEEPHAVEN MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, HAMILTON E.	
STREET ADDRESS	1001 PARK AVE., APT. 15	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SHARPIRO, ROBERT A.	
STREET ADDRESS	2504 PELICAN BAY	
CITY-STATE-ZIP	PIANO TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO + PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sam Forman	
1.3 STREET ADDRESS	130 Sunrise	
1.4 CITY-STATE-ZIP	Palm Beach, FL 33480	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Matthew J Knopf	
2.3 STREET ADDRESS	2848 Oak Lea Drive	
2.4 CITY-STATE-ZIP	Wayzata, MN 55391	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William J. Munclick, III	
4.3 STREET ADDRESS	546 W. Hawthorne Place	
4.4 CITY-STATE-ZIP	Chicago, IL 60657	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brett Forman	
5.3 STREET ADDRESS	178 Thorn Hill Drive	
5.4 CITY-STATE-ZIP	Warrendale, PA 15086	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William J. Lackey	
6.3 STREET ADDRESS	3045 Estate Drive	
6.4 CITY-STATE-ZIP	Oakdale, PA 15071	

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:

Edward A. Tomechko

4/23/97

612/829-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. V.P/CFO

Date

Daytime Phone #

0498893

CR2E034 (9/96)