FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837361 (5)

1. Corporation Name
BROOKS FASHION STORES, INC.

Principal Place of Business	Mailing Address
~~370 7TH AVE.~~	~~370 7TH AVE.~~
~~NEW YORK NY 10001~~	~~NEW YORK NY 10001~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1976
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 13-5567949	☐ Applied For ☐ Not Applicable
21 420 5TH AVE	26 420 5TH AVE		
22 Suite, Apt. #, etc. SUITE 1800	27 Suite, Apt. #, etc. SUITE 1800	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State NEW YORK, NY	28 City & State NEW YORK NY	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 10018 25 County	29 Zip 10018 30 County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	PLAN ADMINISTRATOR / P	☒ Change ☐ Addition
NAME	HASSLER, HOWARD	12 NAME	ELAINE PAUL	
STREET ADDRESS	200 E 5 ST	13 STREET ADDRESS	420 5TH AVE	
CITY-ST-ZIP	NEW YORK, NY 0	14 CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	21 TITLE	—	☒ Change ☐ Addition
NAME	BRUENNER, ERIC	22 NAME		
STREET ADDRESS	156 W 56 STR	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	—	☒ Change ☐ Addition
NAME	KING, DAN	32 NAME		
STREET ADDRESS	284 MILL RD	33 STREET ADDRESS		
CITY-ST-ZIP	ETOBICOKE ON	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	—	☒ Change ☐ Addition
NAME	MULHOLLAND, WILLIAM D	42 NAME		
STREET ADDRESS	302 BAY STR	43 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	—	☒ Change ☐ Addition
NAME	TROZZI, MARK A	52 NAME		
STREET ADDRESS	4 ARDMOOR LN	53 STREET ADDRESS		
CITY-ST-ZIP	CHADDS FORD PA	54 CITY-ST-ZIP		
TITLE	TV	61 TITLE	D	☒ Change ☐ Addition
NAME	PAUL, ELAINE	62 NAME		
STREET ADDRESS	370 SEVENTH AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 0	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)(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 _____ 4.19.95 (212)354-4056
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
PLAN ADMINISTRATOR

0396427 FP