

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 840254 (7)**

1. Corporation Name  
**C. & J. CLARK RETAIL, INC.**

Principal Place of Business Mailing Address  
**520 S. BROAD ST. 520 S. BROAD ST.  
KENNETT SQUARE PA 19348 KENNETT SQUARE PA 19348**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/21/1978	04/25/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		23-2051239	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VP</del>	1.1 TITLE	<b>TREASURER / ASST SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALSINGER, C. W.</b>	1.2 NAME	
STREET ADDRESS	<b>235 DOUGLASS DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOUGLASSVILLE PA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N. G. FULLER</b>	2.2 NAME	
STREET ADDRESS	<b>101 MAROBROOKE WAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KENNETT SQUARE PA</b>	2.4 CITY - ST - ZIP	
TITLE	<del>VP</del>	3.1 TITLE	<b>DIRECTOR / SR VP FINANCE / SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, L H</b>	3.2 NAME	
STREET ADDRESS	<b>520 S BROAD ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KENNETT SQUARE PA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	4.1 TITLE	<b>CONTROLLER / ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>K. J. MCCARTHY</b>	4.2 NAME	
STREET ADDRESS	<b>79 W. ESSEX AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LANSDOWNE PA</b>	4.4 CITY - ST - ZIP	
TITLE	<del>VP</del>	5.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIETEL - GEORGE</b>	5.2 NAME	<b>HARVEY J. OLSHER</b>
STREET ADDRESS	<b>1042 SQUIRES PL</b>	5.3 STREET ADDRESS	<b>940 W. SAGE ROAD</b>
CITY - ST - ZIP	<b>W. CHESTER PA</b>	5.4 CITY - ST - ZIP	<b>WEST CHESTER, PA 19382</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 or on an attachment with an address.

SIGNATURE: C. Wayne Balsinger **C. WAYNE BALSINGER** 4/28/95 (610) 444-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (S)