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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90201 023 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 840254**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 600 S BROAD ST KENNETT SQUARE PA 19348 US	Mailing Address 600 S BROAD ST KENNETT SQUARE PA 19348 US
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3. Date Incorporated or Qualified <b>03/21/1978</b>
4. FEI Number <b>23-2051239</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, T	
STREET ADDRESS	600 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	N. G. FULLER	
STREET ADDRESS	17 HIGHGROFT WAY	
CITY-ST-ZIP	HOPKINTON MA	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SALZANO, J.R.	
STREET ADDRESS	520 CHARLESBANK RD	
CITY-ST-ZIP	NEWTON MA 02158	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	K. J. MCCARTHY	
STREET ADDRESS	62 PAUL LANE	
CITY-ST-ZIP	GLEN MILLS PA 19342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INFANTINO, R.J.	
STREET ADDRESS	121 WINDSOR RD	
CITY-ST-ZIP	WABAN MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVID P GETTS	
STREET ADDRESS	455 SHADY LN	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S RICHARD ARCHER</b>
4.3 STREET ADDRESS	<b>10 CARRIAGE HOUSE WAY</b>
4.4 CITY-ST-ZIP	<b>MEDWAY, MA 02053</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: David P Getts **SIGNATURE REQUIRED** 4/5/99 (610) 925-1780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)