

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90029 039 \*\*\*150.00

**DOCUMENT # 840254**  
 1. Entity Name  
**C. & J. CLARK RETAIL, INC.**



Principal Place of Business      Mailing Address  
**600 S BROAD ST**      **600 S BROAD ST**  
**KENNETT SQUARE, PA 19348 US**      **KENNETT SQUARE, PA 19348 US**

**54061812**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07072004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**23-2051239**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, T	
STREET ADDRESS	600 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SALZANO, J.R.	
STREET ADDRESS	7 SEXTON FARM RD	
CITY-ST-ZIP	WALPOLE, MA 02081	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCKLEY, MARK	
STREET ADDRESS	6 PERRY STREET #6	
CITY-ST-ZIP	BROOKLINE, MA 02445	
TITLE	DP	<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	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLIGAR, P	
STREET ADDRESS	600 SOUTH BROAD STREET	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David P. Getts      **DAVID P. Getts**      7/7/04      610-925-1780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

54061812

THE **Clarks** COMPANIES, N.A.

Clarks England  
Bostonian  
Hanover

THE CLARKS COMPANIES, N.A.  
415 McFarlan Road  
Suite 202  
Kennett Square, PA 19348  
TEL 610-925-1780  
FAX 610-925-1784

July 7, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

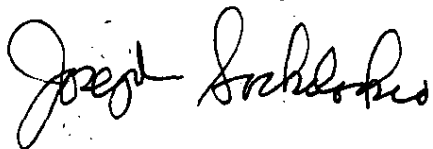
Dear Sirs:

Today I called your office concerning a notice I received today concerning C & J Clark Retail, Inc (Document # 840254) annual report. We did not receive your post card concerning the filing of the annual report and request a waiver of any penalties.

Enclosed is C & J Clark Retail, Inc. annual report with the \$150.00 filing fee.

Thank you for your cooperation. If you should have any questions please call us at (610) 925-1780.

Sincerely,



Joseph Sockoloskie  
Senior Tax Accountant