2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 840254

1. Entity Name
C. & J. CLARK RETAIL, INC.

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

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	SALZANO, J.R.
STREET ADDRESS	7 SEXTON FARM RD
CITY-ST-ZIP	WALPOLE, MA 02081
TITLE	S
NAME	BOUCKLEY, MARK
STREET ADDRESS	6 PERRY STREET #6
CITY-ST-ZIP	BROOKLINE, MA 02445
TITLE	DP
NAME	INFANTINO, R.J.
STREET ADDRESS	121 WINDSOR RD
CITY-ST-ZIP	WABAN, MA
TITLE	S
NAME	DAVID P GETTS
STREET ADDRESS	455 SHADY LN
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006
TITLE	D
NAME	BOLLIGAR, P
STREET ADDRESS	600 SOUTH BROAD STREET
CITY-ST-ZIP	KENNETT SQUARE, PA 19348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000249692
03/03/05-80012-017 150.00

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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 2/5/05 610-925-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #