

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840254

FILED  
Jan 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

620 SOUTH UNION ST  
KENNETT SQUARE, PA 19348 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 SOUTH UNION ST  
KENNETT SQUARE, PA 19348 US

**New Mailing Address:**

FEI Number: 23-2051239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: SALZANO, J.R.  
Address: 7 SEXTON FARM RD  
City-St-Zip: WALPOLE, MA 02081

Title: S ( ) Delete  
Name: BOUCKLEY, MARK  
Address: 6 PERRY STREET #6  
City-St-Zip: BROOKLINE, MA 02445

Title: DP ( ) Delete  
Name: INFANTINO, R.J.  
Address: 121 WINDSOR RD  
City-St-Zip: WABAN, MA

Title: S ( ) Delete  
Name: DAVID P GETTS,  
Address: 455 SHADY LN  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: D ( ) Delete  
Name: BOLLIGER, P  
Address: 620 SOUTH UNION ST  
City-St-Zip: KENNETT SQUARE, PA 19348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P GETTS

S

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date