

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90037 001 ***300.00

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1. Entity Name
MITCHELL'S FORMAL WEAR, INC.



Principal Place of Business
**4444 SHACKLEFORD RD
NORCROSS, GA 30093 US**

Mailing Address
**4444 SHACKLEFORD RD
NORCROSS, GA 30093 US**

66400388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
58-0947890

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
HUTH, ROBERT D
1001 WASHINGTON AVE.
CONSHOHOCKEN, PA 19428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO & Chairman of the Board ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
WALKER, GARY F
1001 WASHINGTON AVE.
CONSHOHOCKEN, PA 19428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr. VP & CFO
Gary F. Walker
4444 Shackleford Rd.
Norcross, GA 30093** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVRE
FROST, ROBERT W JR
1001 WASHINGTON AVE.
CONSHOHOCKEN, PA 19428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Eugene S. Kahn
4444 Shackleford Road
Norcross, GA 30093** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FINGLETON, THOMAS D
611 OLIVE ST.
SAINT LOUIS, MO 63101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BRICKSON, RICHARD A
611 OLIVE ST.
SAINT LOUIS, MO 63101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KNIFFEN, JAN R
611 OLIVE ST.
SAINT LOUIS, MO 63101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Michael Kiptart

Mike Kiptart

1/19/04

770) 448-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #