2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# 843036

Entity Name: MITCHELL'S FORMAL WEAR, INC.

Current Principal Place of Business:

4444 SHACKLEFORD RD
NORCROSS, GA 30093 US

New Principal Place of Business:

1835 SHACKLEFORD CT
NORCROSS, GA 30093 US

Current Mailing Address:

4444 SHACKLEFORD RD
NORCROSS, GA 30093 US

New Mailing Address:

1835 SHACKLEFORD CT
NORCROSS, GA 30093 US

FEI Number: 58-0947890 **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: CEOP ( ) Delete
Name: HUTH, ROBERT D
Address: 1001 WASHINGTON AVE.
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VCFO ( ) Delete
Name: WALKER, GARY F
Address: 4444 SHACKLEFORD RD.
City-St-Zip: NORCROSS, GA 30093

Title: V ( ) Delete
Name: KAHN, EUGENE S
Address: 4444 SHACKLEFORD RD.
City-St-Zip: NORCROSS, GA 30093

Title: VP ( ) Delete
Name: FINGLETON, THOMAS D
Address: 611 OLIVE ST.
City-St-Zip: SAINT LOUIS, MO 63101

Title: VPS ( ) Delete
Name: BRICKSON, RICHARD A
Address: 611 OLIVE ST.
City-St-Zip: SAINT LOUIS, MO 63101

Title: VP ( ) Delete
Name: KNIFFEN, JAN R
Address: 611 OLIVE ST.
City-St-Zip: SAINT LOUIS, MO 63101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCFO (X) Change ( ) Addition
Name: WALKER, GARY F
Address: 1835 SHACKLEFORD CT
City-St-Zip: NORCROSS, GA 30093

Title: V (X) Change ( ) Addition
Name: DOERR, MARTIN M
Address: 611 OLIVE STREET
City-St-Zip: SAINT LOUIS, MO 63101

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 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 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: MARTIN M DOERR V 04/15/2005
Electronic Signature of Signing Officer or Director Date