FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857099** **(6)**

1. Corporation Name
CONTEMPO CASUALS, INC.

Principal Place of Business	Mailing Address
27 BOYLSTON STREET P.O. BOX 1000 CHESTNUT HILL MA 02167	27 BOYLSTON STREET P.O. BOX 1000 CHESTNUT HILL MA 02167

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1983	3a. Date of Last Report: 04/18/1994
4. FEI Number: 95-2569469	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOO	11 TITLE		☐ Change ☐ Addition
NAME	KELLEHER, ROBERT S	12 NAME		
STREET ADDRESS	5433 W JEFFERSON BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, RICHARD A.	22 NAME		
STREET ADDRESS	27 BOYLSTON STREET	23 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	V/D	☒ Change ☐ Addition
NAME	TARR, ROBERT J., JR.	32 NAME		
STREET ADDRESS	27 BOYLSTON STREET	33 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA	34 CITY-ST-ZIP		
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	GELLER, ERIC P.	42 NAME		
STREET ADDRESS	27 BOYLSTON STREET	43 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	V/D	☒ Change ☐ Addition
NAME	SMITH, ROBERT A	52 NAME		
STREET ADDRESS	27 BOYLSTON ST	53 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE	V/T	☒ Change ☐ Addition
NAME	GIBBONS, PAUL F.	62 NAME		
STREET ADDRESS	27 BOYLSTON STREET	63 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Paul F. Gibbons 4-12-95 (617) 232-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP