

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 858509**

1. Entity Name

**THE DRESS BARN, INC.****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91570 003 \*\*\*150.00

Principal Place of Business

30 DUNNIGAN DR  
SUFFERN NY 10901  
US

Mailing Address

30 DUNNIGAN DR  
P. O. BOX 10220  
SUFFERN NY 10901  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **06-0812960**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JAFFE, ELLOT S.	WESTOVER PARK	STAMFORD CT	<input type="checkbox"/>
SRVP	CORREIA, ARMAND	30 DUNNIGAN DR	SUFFERN NY	<input type="checkbox"/>
STD	JAFFE, ROSLYN	WESTOVER PARK	STAMFORD CT	<input type="checkbox"/>
PD	STEINBERG, BURT	MERIDAN LA	NANUET NY	<input type="checkbox"/>
D	EPPLER, KLAUS	30 DUNNIGAN DR	SUFFERN NY	<input type="checkbox"/>
D	SOLOMON, EDWARD	30 DUNNIGAN DR	SUFFERN NY	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP - FINANCE	REID HACKNEY	30 DUNNIGAN DRIVE	SUFFERN NY 10901	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REID HACKNEY  
VP - FINANCE

Daytime Phone #

CR2E034 (10/00)