
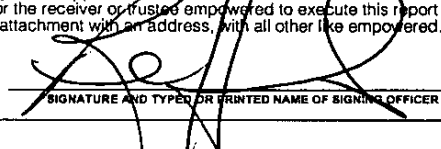


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90043 030 ***158.75

DOCUMENT # 858509 1. Entity Name THE DRESS BARN, INC.					
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			3. Mailing Address 30 Dunnigan Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Attn: Tax Dept		
City & State			City & State Suffern, NY		
Zip 10901		Country Rockland		4. FEI Number 06-0812960	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD JAFFE, ELLOT S. 30 DUNNIGAN DR. SUFFERN, NY 10901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP CORREIA, ARMAND 30 DUNNIGAN DR SUFFERN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAFFE, ROSLYN WESTOVER PARK STAMFORD, CT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBURG, BURT 30 DUNNIGAN DR. SUFFERN, NY 10901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPLER, KLAUS 30 DUNNIGAN DR SUFFERN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, EDWARD 30 DUNNIGAN DR SUFFERN, NY	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jaffe, David 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buggeln, Kate 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lasly, Marc 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dodan, John 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dearee, Randy 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hackney, Reid 30 Dunnigan Drive Suffern, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Reid Hackney Date 1/3/06 Daytime Phone # 845-369-4607					

40002071



01032006 Chg-P CR2E034 (11/05)

4. FEI Number
06-0812960

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	JAFFE, ELLOT S.	
STREET ADDRESS	30 DUNNIGAN DR.	
CITY-ST-ZIP	SUFFERN, NY 10901	

TITLE	SRVP	<input type="checkbox"/> Delete
NAME	CORREIA, ARMAND	
STREET ADDRESS	30 DUNNIGAN DR	
CITY-ST-ZIP	SUFFERN, NY	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JAFFE, ROSLYN	
STREET ADDRESS	WESTOVER PARK	
CITY-ST-ZIP	STAMFORD, CT	

TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBURG, BURT	
STREET ADDRESS	30 DUNNIGAN DR.	
CITY-ST-ZIP	SUFFERN, NY 10901	

TITLE	D	<input type="checkbox"/> Delete
NAME	EPPLER, KLAUS	
STREET ADDRESS	30 DUNNIGAN DR	
CITY-ST-ZIP	SUFFERN, NY	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, EDWARD	
STREET ADDRESS	30 DUNNIGAN DR	
CITY-ST-ZIP	SUFFERN, NY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaffe, David	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buggeln, Kate	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lasly, Marc	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dodan, John	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dearee, Randy	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hackney, Reid	
STREET ADDRESS	30 Dunnigan Drive	
CITY-ST-ZIP	Suffern, NY 10901	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reid Hackney
VP - Finance

Date

Daytime Phone #