

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858509

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE DRESS BARN, INC.

Current Principal Place of Business:

30 DUNNIGAN DR
SUFFERN, NY 10901 US

New Principal Place of Business:

Current Mailing Address:

30 DUNNIGAN DR
ATTN:TAX DEPT.
SUFFERN, NY 10901 US

New Mailing Address:

FEI Number: 06-0812960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: CD () Delete
Name: JAFFE, ELLOT S.
Address: 30 DUNNIGAN DR.
City-St-Zip: SUFFERN, NY 10901

Title: SRVP () Delete
Name: CORREIA, ARMAND
Address: 30 DUNNIGAN DR
City-St-Zip: SUFFERN, NY

Title: PRES () Delete
Name: JAFFE, DAVID
Address: 30 DUNNIGAN DRIVE
City-St-Zip: SUFFERN, NY 10901

Title: D () Delete
Name: STEINBURG, BURT
Address: 30 DUNNIGAN DR.
City-St-Zip: SUFFERN, NY 10901

Title: D () Delete
Name: EPPLER, KLAUS
Address: 30 DUNNIGAN DR
City-St-Zip: SUFFERN, NY 10901

Title: VP () Delete
Name: HACKNEY, REID
Address: 30 DUNNIGAN DR
City-St-Zip: SUFFERN, NY 10901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 exemption stated 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 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: TOM CALDERWOOD

AVP

04/24/2009

Electronic Signature of Signing Officer or Director

Date