

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858509

FILED  
Feb 16, 2010  
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  
**Name:** JAFFE, ELLOT S.  
**Address:** 30 DUNNIGAN DR.  
**City-St-Zip:** SUFFERN, NY 10901

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** TOM CALDERWOOD

AVP

02/16/2010

Electronic Signature of Signing Officer or Director

Date