

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F01000003288

1. Entity Name
TUMI STORES, INC.



Principal Place of Business
1001 DURHAM AVENUE
SOUTH PLAINFIELD, NJ 07080

Mailing Address
1001 DURHAM AVENUE
SOUTH PLAINFIELD, NJ 07080



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3788542	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANKLIN, LAURENCE
STREET ADDRESS	1001 DURHAM AVENUE
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 07080
TITLE	P
NAME	FRANKLIN, LAURENCE
STREET ADDRESS	1001 DURHAM AVENUE
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 07080
TITLE	T
NAME	MARDY, MICHAEL
STREET ADDRESS	1001 DURHAM AVENUE
CITY-ST-ZIP	SOUTH PLAINFIELD, NJ 07080
TITLE	S
NAME	HOLT, STEVEN A
STREET ADDRESS	155 PROSPECT AVENUE
CITY-ST-ZIP	WEST ORANGE, NJ 07052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80049-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4-1-08 (973) 736-4600

Date

Daytime Phone #