FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 04, 2002 8:00 am F01000006154 Secrétary of State DOCUMENT # 1. Entity Name 07-04-2002 90548 029 ***550 00 **D&G STORES AMERICA INC.** Principal Place of Business Mailing Address C/O SATTERLEE, ET AL//ATTN: A.A. BYER C/O SATTERLEE. ET AL//ATTN: A.A. BYER BULLIUGIN 230 PARK AVENUE 230 PARK AVENUE NEW YORK NY 10169 NEW YORK NY 10169 2. Principal Place of Business 3. Mailing Address too Collins Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 13-4017271 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 (9/01) ☐ Delete TITLE Change Addition VELO. LUCIO NAME CR2E034 660 MADISON AVE., 10TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10021 CITY-ST-ZIP CITY-ST-ZIP VTD Change Change ☐ Addition TITI F ☐ Delete TITLE RUELLA, CRISTIANA NAME NAME 660 MADISON AVE., 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10021** CITY-ST-ZIP Change ☐ Addition TITLE S ☐ Delete TITLE NAME BYER, ALBERT A NAME 230 Park Avenue, 11th Floor STREET ADDRESS STREET ADDRESS 660 MADISON AVE., 10TH FLOOR New York, NY 10169 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10021** TITLE CONT ☐ Delete TITLE Change Addition PATRIZIO, ANTHONY NAME NAME STREET ADDRESS 660 MADISON AVE., 10TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10021** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 report is true and occurate 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 empewered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SUSINATUALIZED VEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone # 8 76 7