2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

DOCUMENT # F02000001455 1. Entity Name DELIA*S RETAIL COMPANY					04-03-2008 90022 003 ***158.75			
Principal Place of Business 435 HUDSON STREET 3RD FLOOR NEW YORK, NY 10014 US Mailing Address 435 HUDSON STREET 3RD FLOOR NEW YORK, NY 10014 US						101 1101 1101 800 1101 800 1	1))) []]	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 50 WEST 23rd Street 50 WEST 23rd Suite. Apt. #. etc. Suite. Apt. #. etc.			d Street	c				
10 th	FL.	10th FL		03272008	Chg-P	CR2E034 (12/06)	1	
New York, NY		City & State, NEW York, NY		4. FEI Numb 23-292		├	pplied For lot Applicable	
Zip / DO /	Country	Zip / 10012	Country	5. Certificate	of Status Desired	\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525			0,000					
			City			EI Zip Co	de	
					<u>.</u>	<u> </u>		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or bo	th, in the State of F	forida. I am familiar with	, and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent a	and tide ii applicable. (NOTE: Hi	egislered Agent signatu	re required when rainstating)		DATE	_	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu	· -	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	CEOD	☐ Delete	TITLE			Change	Addition	
NAME CTREET + ODDECC	† · ·		NAME STREET ADDRESS	ED WEST 2	200 -	n n		
STREET ADDRESS CITY-ST-ZIP	SS 435 HUDSON STREET STR NEW YORK, NY 10014 CITY							
TITLE	COOD	☐ Delete	TITLE	HEA YORK,	104 1001	₩0Change	Addition	
NAME	KILLOUGH, WALTER	- Detete	NAME				☐ Addition	
STREET ADDRESS	435 HUDSON STREET STE			50 NEST 2	3rd Sty	101h F1		
CITY-ST-ZIP	NEW YORK, NY 10014		CITY-ST-ZIP	New York,	NY 1001	<u> </u>		
TITLE	CFO	☐ Delete	TITLE			🔀 Change	☐ Addition	
NAME STREET ADDRESS	FELDMAN, STEPHEN 435 HUDSON STREET		NAME STREET ADDRESS	50 WEST 2	3-6 0	10-41-51		
CITY-ST-ZIP	NEW YORK, NY 10014		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	New Yorke Secretary	, , , , , , ,	Change	Addition	
NAME			NAME	Marc Schu	bank		/	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	50 West 23 New York		4LF1	1	
TITLE		☐ Delete		NEW YORK. VP/ASSI. TZI	NY 1001 Casurit	Change	Addition	
NAME			NAME	Thomas Ma	cohy		KT-ranings	
STREET ADDRESS			STREET ADDRESS	Thomas Mu SP WEST 231	d St. 100	3/6		
CITY-ST-ZIP			CITY-ST-ZIP	NEW YORK,				
TITLE		Delete	TITLE	ASSI SELT.		☐ Change	Addition	
NAME	1	_ 55.a.c		· ·				
STREET ADDRESS		_ 55,00	NAME STREET ADDRESS	PAVID DIAMO	9	,		
STREET ADDRESS CITY-ST-ZIP		_	NAME STREET ADDRESS CHTY-ST-ZIP	PAVIO DIMAGON SO WEST 23rd New York, N	St. 1013 F	•		

I nereby 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.

GNATURE:

STEPHEN FERDMAN, CFS 3/3//OY 212-87-9065

SIGNATURE: ***

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-87-9060 Daytime Phone #