## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003088

Entity Name: LENOX RETAIL, INC.

Address:

City-St-Zip:

FILED Aug 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6436 CITY WEST PKWY EDEN PRAIRIE, MN 55344 **Current Mailing Address: New Mailing Address:** 6436 CITY WEST PKWY EDEN PRAIRIE, MN 55344 FEI Number: 41-1893269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD ( ) Delete Title: (X) Change ( ) Addition ENGEL, SUSAN E Name: Name: PFEFFERLE, MARC 4207 E. LAKE HARRIET PKWY 1414 RADCLIFFE ST Address: Address: City-St-Zip: MINNEAPOLIS, MN 55309 City-St-Zip: BRISTOL, PA 19007 Title: **EXVP** Title: () Delete (X) Change ( ) Addition Name: JOEL, ANDERSON Name: RATTRAY, BRET 6436 CITY WEST PARKWAY 1414 RADCLIFFE ST Address: Address: EDEN PRAIRIE, MN 55344 BRISTOL, PA 19007 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition VPD CEOD SCHUGEL, TIMOTHY J SCHUGEL, TIMOTHY J Name: Name: 3565 WOODLAND CT. 3565 WOODLAND CT. Address: Address: City-St-Zip: EAGAN, MN 55123 City-St-Zip: EAGAN, MN 55123 Title: () Delete Title: SECV ( ) Change (X) Addition FANTIN, LOUIS A Name: Name:

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.

Address:

City-St-Zip:

1414 RADCLIFFE ST

BRISTOL, PA 19007

SIGNATURE: LOUIS A. FANTIN SECV 08/13/2007