

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003088

Entity Name: LENOX RETAIL, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

6436 CITY WEST PKWY.
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

6436 CITY WEST PKWY.
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 41-1893269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOD () Delete
Name: PFEFFERLE, MARC
Address: 1414 RADCLIFFE ST
City-St-Zip: BRISTOL, PA 19007 US

Title: P () Delete
Name: RATTRAY, BRET
Address: 1414 RADCLIFFE ST
City-St-Zip: BRISTOL, PA 19007 US

Title: CFOD () Delete
Name: SPIVAK, FRED
Address: 1414 RADCLIFFE ST
City-St-Zip: BRISTOL, PA 19007 US

Title: SECV () Delete
Name: FANTIN, LOUIS A
Address: 1414 RADCLIFFE ST
City-St-Zip: BRISTOL, PA 19007 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CAROL A. ROSSELL

PARA

03/12/2009

Electronic Signature of Signing Officer or Director

Date