

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90037 001 ***300.00

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1. Entity Name

AFTER HOURS FORMALWEAR, INC.



Principal Place of Business

4444 SHACKLEFORD ROAD
NORCROSS, GA 30093

Mailing Address

4444 SHACKLEFORD ROAD
NORCROSS, GA 30093

00400500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-1082350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME HUTH, ROBERT D
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE CEO + Chairman of the Board ☒ Change ☐ Addition
NAME Huth, Robert D.
STREET ADDRESS 1001 Washington St.
CITY-ST-ZIP Conshohocken, PA 19428

TITLE V ☐ Delete
NAME WALKER, GARY F
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE Sr. VP & CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME FROST, ROBERT W JR.
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE Vice President + Secretary ☐ Change ☒ Addition
NAME Richard A. Brickson
STREET ADDRESS 611 Olive St.
CITY-ST-ZIP St. Louis, MO 63101

TITLE V ☐ Delete
NAME KAHN, EUGENE S
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FINGLETON, THOMAS D
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KNIFFEN, JAN R
STREET ADDRESS 4444 SHACKLEFORD ROAD
CITY-ST-ZIP NORCROSS, GA 30093

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Hike Kiphart

Date

Daytime Phone #

1/19/04

770)448-8381