


212

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90464 050 ***150.00

DOCUMENT # F04000006690 1. Entity Name BURLINGTON COAT FACTORY DIRECT CORPORATION	
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40076013

Principal Place of Business 1830 ROUTE 130 NORTH BURLINGTON, NJ 08016	Mailing Address 1830 ROUTE 130 NORTH BURLINGTON, NJ 08016
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 40 TAX DEPT.
City & State	City & State
Zip	Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3531725	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURLINGTON COAT FACTORY WAREHOUSE OF CLEAR WATER, INC. 25813 ROUTE 19 NORTH CLEARWATER, FL 33763	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP MILSTEIN, MONROE G <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	DV MILSTEIN, ANDREW R <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	DV MILSTEIN, STEPHEN E <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	V NESCI, MARK A <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	VS TANG, PAUL C <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	VT LAPENTA, ROBERT L <input type="checkbox"/> Delete STREET ADDRESS 1830 ROUTE 130 NORTH CITY-ST-ZIP BURLINGTON, NJ 08016	TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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**

VP/CEO

4-27-2005

609-387-7800

Date Daytime Phone #