

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F11000002925

FILED  
Oct 10, 2012  
Secretary of State

Entity Name: GAMES WORKSHOP RETAIL, INC.

**Current Principal Place of Business:**

303 EAST ALTAMONTE SPRINGS DRIVE  
RENAISSANCE CENTER #1060  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

303 EAST ALTAMONTE SPRINGS DRIVE  
RENAISSANCE CENTER #1060  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

6211 EAST HOLMES ROAD  
MEMPHIS, TN 38141

FEI Number: 52-2051343

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: BARBARA BURKE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C/P  
Name: KIRBY, TOM  
Address: 6211 E. HOLMES ROAD  
City-St-Zip: MEMPHIS, TN 38141

Title: DVP  
Name: ELLARD, RICHARD  
Address: 6211 E. HOLMES ROAD  
City-St-Zip: MEMPHIS, TN 38141

Title: D/S  
Name: TONGUE, RACHEL  
Address: 6211 E. HOLMES ROAD  
City-St-Zip: MEMPHIS, TN 38141

Title: T/AS  
Name: CASEY, SANDRA  
Address: 6211 E. HOLMES ROAD  
City-St-Zip: MEMPHIS, TN 38141

Title: AS  
Name: SCOTT, PAULA  
Address: 6211 E. HOLMES ROAD  
City-St-Zip: MEMPHIS, TN 38141

I hereby 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 all other like empowered.

SIGNATURE: PAULA SCOTT

AS

10/10/2012

Electronic Signature of Signing Officer or Director

Date