FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -7 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003996 (6)

1. Corporation Name
LAURA ASHLEY, INC.

Principal Place of Business	Mailing Address
6 ST. JAMES AVE. BOSTON MA 02116	6 ST. JAMES AVE. BOSTON MA 02116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: 98-0018584 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COTTER, STEPHEN
STREET ADDRESS	6 ST. JAMES AVE.
CITY-ST-ZIP	BOSTON MA 02116
TITLE	DVP
NAME	GORE, LAWRENCE S
STREET ADDRESS	6 ST. JAMES AVE.
CITY-ST-ZIP	BOSTON MA 02116
TITLE	D
NAME	MAXMIN, JIM
STREET ADDRESS	6 ST. JAMES AVE.
CITY-ST-ZIP	BOSTON MA 02116
TITLE	DVP
NAME	DILL, JACK A
STREET ADDRESS	6 ST JAMES AVE
CITY-ST-ZIP	BOSTON MA
TITLE	D
NAME	SCOTT, BARBARA A
STREET ADDRESS	6 ST. JAMES AVE.
CITY-ST-ZIP	BOSTON MA 02116
TITLE	S
NAME	WADE, KATHLEEN H
STREET ADDRESS	6 ST. JAMES AVE
CITY-ST-ZIP	BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Clarkson, John	
2.3 STREET ADDRESS	6 St. James Avenue	
2.4 CITY-ST-ZIP	Boston, MA 02116	
3.1 TITLE	Treasurer	☒ Change ☐ Addition
3.2 NAME	Maffucci, Vincent Jay	
3.3 STREET ADDRESS	6 St. James Avenue	
3.4 CITY-ST-ZIP	Boston, MA 02116	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen H. Wade Kathleen H. Wade 2/22/95 (617) 457-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303464 FP