

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

03/07/1995

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

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 their applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D C P
NAME	COTTER, STEPHEN	1.2 NAME	Ann Iverson
STREET ADDRESS	6 ST. JAMES AVE.	1.3 STREET ADDRESS	6 St. James Avenue
CITY-ST-ZIP	BOSTON MA 02116	1.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	D	2.1 TITLE	D V
NAME	CLARKSON, JOHN	2.2 NAME	Kathleen Self
STREET ADDRESS	6 ST. JAMES AVE.	2.3 STREET ADDRESS	6 St. James Avenue
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	T	3.1 TITLE	D V T
NAME	MAFFUCCI, VINCENT JAY	3.2 NAME	William J. Cadigan
STREET ADDRESS	6 ST. JAMES AVE.	3.3 STREET ADDRESS	6 St. James Avenue
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	DVP	4.1 TITLE	V
NAME	DILL, JACK A	4.2 NAME	Carol Rosenfeld
STREET ADDRESS	6 ST JAMES AVE	4.3 STREET ADDRESS	6 St. James Avenue
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	D	5.1 TITLE	
NAME	SCOTT, BARBARA A	5.2 NAME	
STREET ADDRESS	6 ST. JAMES AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	D S
NAME	WADE, KATHLEEN H	6.2 NAME	Kathleen H. Wade
STREET ADDRESS	6 ST. JAMES AVE	6.3 STREET ADDRESS	6 St. James Avenue
CITY-ST-ZIP	BOSTON MA	6.4 CITY-ST-ZIP	Boston, MA 02116

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, Clerk 01/30/96 (617) 457-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)