

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F93000003996 (6)

1. Corporation Name
LAURA ASHLEY, INC.

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

Mailing Address
**6 ST. JAMES AVE.
BOSTON MA 02116-3819**



3. Date Incorporated or Qualified **08/27/1993** 3a. Date of Last Report **02/12/1996**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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	DCP	<input type="checkbox"/> DELETE
NAME	IVERSON, ANN	
STREET ADDRESS	6 ST. JAMES AVENUE	
CITY - ST - ZIP	BOSTON MA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SELF, KATHLEEN	
STREET ADDRESS	6 ST JAMES AVENUE	
CITY - ST - ZIP	BOSTON MA	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CADIGAN, WILLIAM J.	
STREET ADDRESS	6 ST. JAMES AVENUE	
CITY - ST - ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENFELD, CAROL	
STREET ADDRESS	6 ST. JAMES AVENUE	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, BARBARA A	
STREET ADDRESS	6 ST. JAMES AVE.	
CITY - ST - ZIP	BOSTON MA 02116	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WADE, KATHLEEN H	
STREET ADDRESS	6 ST. JAMES AVE	
CITY - ST - ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V / D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **clerk**

Date

(617) 457-6000
Daytime Phone # **0000228**

CR2E034 (9/96)