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 APR 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005193 (8)**

1. Corporation Name

APPAREL OUTLET STORES, INC.

Principal Place of Business	Mailing Address
C/O SARASOTA OUTLET CTR 8445 COOPER CRK BLVD UNIVERSITY PK FL 34201 US	ONE FRUIT OF THE LOOM DRIVE P.O. BOX 90015 BOWLING GREEN KY 42102-9015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/16/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **61-1218694** ☐ 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 ROAD
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 _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~GREENBAUM, KENNETH ESQUIRE~~	12 NAME	EARL SHANKS	
STREET ADDRESS	5000 SEARS TOWER, 233 S. WACKER DRIVE	13 STREET ADDRESS	5000 SEAR TOWER	
CITY-ST-ZIP	CHICAGO IL 60606	14 CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	CEO	21 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, JOHN B	22 NAME		
STREET ADDRESS	ONE FRUIT OF THE LOOM DR.	23 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN KY 42102	24 CITY-ST-ZIP		
TITLE	EVP	31 TITLE		☒ Change ☐ Addition
NAME	WIGODSKY, JOHN	32 NAME		
STREET ADDRESS	1 FRUIT OF THE LOOM DR	33 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN KY 42102	34 CITY-ST-ZIP	zip 42102	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	CION, RICHARD M	42 NAME		
STREET ADDRESS	10 SASCO HILL ROAD, 3RD FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT 06430	44 CITY-ST-ZIP		
TITLE	VPC	51 TITLE		☒ Change ☐ Addition
NAME	COHRON, GENE	52 NAME		
STREET ADDRESS	1 FRUIT OF THE LOOM DR	53 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO~~ BOWLING GREEN, KY 42102	54 CITY-ST-ZIP	BOWLING GREEN, KY 42102	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Gene Cohron GENE COHRON VP-FINANCE (502) 781-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-18-95 — Daytime Phone #

047618 FN