

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000061 (1)

1. Corporation Name

LESLIE FAY RETAIL OUTLETS, INC.

Principal Place of Business

Mailing Address

Belz Factory Outlet World 400 Stewart Road
5401 W. Oak Ridge Rd Ste. 17 Wilkes-Barre, PA 18773
Orlando, FL 3281909412
US

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

23-2735306

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

C
Pomerantz, John J.
1412 Broadway
New York, NY 10018

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ DELETE

PD
Babcock, Michael J.
1400 Broadway
New York, NY 10018

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ DELETE

VPT
Sullivan, Thomas J.
1412 Broadway
New York, NY 10018

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ DELETE

S
Connors, Kathryn
1412 Broadway
New York, NY 10018

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ DELETE

V
Dubel, John S.
1412 Broadway
New York, NY 10018

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

V
Wax, Stanley
1412 Broadway
New York, NY 10018

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☒ Addition

S
Ruby, Joan
1412 Broadway
New York, NY 10018

VP
Smith, Vernon K.
400 Stewart Road
Wilkes-Barre, PA 18706

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vernon K. Smith

5/28/96

Date

717/824-9911

Daytime Phone #

CR2E034 (12/95)