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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005604 (3)

1. Corporation Name

ROBERT SCOTT & DAVID BROOKS OUTLET STORES, INC.

Principal Place of Business

122 ALLIED DRIVE  
DEDHAM MA 02026

Mailing Address

P.O. BOX 14080  
ST. LOUIS MO 63178-4080



3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

43-1556733

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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	CEO	<input type="checkbox"/> DELETE
NAME	STICH, ANDREW C	
STREET ADDRESS	122 ALLIED DRIVE	
CITY-ST-ZIP	DEDHAM MA 02026	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STICH, ANDREW C	
STREET ADDRESS	122 ALLIED DRIVE	
CITY-ST-ZIP	DEDHAM MA 02026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, WILLIAM J	
STREET ADDRESS	600 KELLWOOD PKY.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JACOBSEN, JAMES C	
STREET ADDRESS	600 KELLWOOD PKY.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POLLIHAN, THOMAS H	
STREET ADDRESS	600 KELLWOOD PKY.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOSEPH, ROGER D	
STREET ADDRESS	600 KELLWOOD PKY.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 type="checkbox"/> Addition
4.2 NAME	
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 included 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:

*R.D. Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.D. Joseph

4/23/97

314/576-3457

Date

Daytime Phone #

CR2E034 (9/96)