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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005604

1. Corporation Name

ROBERT SCOTT & DAVID BROOKS OUTLET STORES, INC.



Principal Place of Business	Mailing Address
122 ALLIED DRIVE DEDHAM MA 02026	P.O. BOX 14080 ST. LOUIS MO 63178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEO
STICH, ANDREW C
STREET ADDRESS
122 ALLIED DRIVE
CITY-ST-ZIP
DEDHAM MA 02026

TITLE ☐ DELETE

NAME
PD
STICH, ANDREW C
STREET ADDRESS
122 ALLIED DRIVE
CITY-ST-ZIP
DEDHAM MA 02026

TITLE ☐ DELETE

NAME
D
MCKENNA, WILLIAM J
STREET ADDRESS
600 KELLWOOD PKY.
CITY-ST-ZIP
CHESTERFIELD MO 63017

TITLE ☐ DELETE

NAME
VD
JACOBSEN, JAMES C
STREET ADDRESS
600 KELLWOOD PKY.
CITY-ST-ZIP
CHESTERFIELD MO 63017

TITLE ☐ DELETE

NAME
S
POLLIHAN, THOMAS H
STREET ADDRESS
600 KELLWOOD PKY.
CITY-ST-ZIP
CHESTERFIELD MO 63017

TITLE ☐ DELETE

NAME
T
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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Joseph SIGNATURE REQUIRED Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

314/576-3457

Date

Daytime Phone #