2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9400005604 May 12, 2000 8:00 am Secretary of State 1. Entity Name ROBERT SCOTT & DAVID BROOKS OUTLET STORES, INC. 05-12-2000 90069 001 ***150.00 Mailing Address Principal Place of Business P.O. BOX 14080 122 ALLIED DRIVE ST. LOUIS MO 63178-4080 DEDHAM MA 02026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1556733 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO CEO ★ Addition TITLE Delete TITLE ☐ Change STICH, ANDREW C Peter Goodman NAME NAME 122 ALLIED DRIVE STREET ADDRESS STREET ADDRESS 300 Manley Street DEDHAM MA 02026 CITY-ST-ZIP CITY-ST-ZIP Brockton, MA President 02303-0026 PD ☐ Change Addition TITLE □ Delete TITLE STICH, ANDREW C NAME Donald Baron NAME STREET ADDRESS 122 ALLIED DRIVE STREET ADDRESS 300 Manley Street CITY-ST-ZIP DEDHAM MA 02026 CITY-ST-ZIP Brockton, MA 02303-0026 Director TITLE ☐ Change Addition X Delete TITLE MCKENNA, WILLIAM J -Hal-J-; ⊒Upbin-NAME. NAME 600 KELLWOOD PKY. STREET ADDRESS STREET ADDRESS 600 Kellwood Parkway CITY-ST-ZIP **CHESTERFIELD MO 63017** CITY-ST-ZIP Chesterfield, MO 63017 ☐ Change Addition Delete DDE TITLE JACOBSEN, JAMES C NAME NAME 600 KELLWOOD PKY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHESTERFIELD MO 63017** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE POLLIHAN, THOMAS H NAME NAME 600 KELLWOOD PKY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHESTERFIELD MO 63017 ☐ Change Addition ☐ Delete TITLE TIT! F JOSEPH, ROGER D NAME NAME STREET ADDRESS 600 KELLWOOD PKY. STREET ADDRESS CHESTERFIELD MO 63017 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

INTED NAME OF SIGNING OFFICER OR DIRECTOR

R.D. Joseph

4/19/00

314/576-3457

Daytime Phone #