2002 UNIFORM BUSINESS REPORT (UBR)

Q574014 AT

DOCUMENT # F95000004730

1. Entity Name
AEROPOSTALE, INC.

FILED
02 MAY 30 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
35 CONTINENTAL DR WAYNE NJ 07470	35 CONTINENTAL DR WAYNE NJ 07470 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1443880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GEIGER, JULIAN R 1372 BROADWAY , 8W NEW YORK NY 10018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800006036988--3 -06/26/02--01024--020 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCO MILLS, JOHN S 35 CONTINENTAL DRIVE WAYNE NJ 07643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, COO Wayne, NJ 07470 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, JOHN D 245 PARK AVENUE NEW YORK NY 10167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 345 Park Avenue
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARLANDER, BODIL 345 PARK AVENUE NEW YORK NY 10167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METRICK, RICHARD 345 PARK AVENUE NEW YORK NY 10167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OFFEN, MICHAEL 345 PARK AVENUE NEW YORK NY 10167	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edwab, David 345 Park Avenue New York, NY 10167 ☐ Change ☒ Addition

CR2E034 (9/01)

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.

SIGNATURE: SIGNATURE [illegible] 5/22/02 (973) 872-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #