## **2004 FOR PROFIT CORPORATION**

## Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F95000004730 04-28-2004 90250 044 \*\*\*150.00 AEROPOSTALE, INC. Principal Place of Business Mailing Address 24058013 201 WILLOWBROOK BLVD 7TH FLOOR 201 WILLOWBROOK BLVD 7TH FLOOR **WAYNE, NJ 07470** WAYNE, NJ 07470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04212004 Chg-P City & State City & State 4. FEI Number Applied For 31-1443880 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIT CORPORATION SYSTEM TIT Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEO TITLE ☐ Delete TITLE DIRECTOR Change Addition -BETSY BURTON 1221 OCEAN AVE., SUITE 1108 NAME GEIGER, JULIAN R NAME 1372 BROADWAY - 8W 112 W. 34TH ST., 22NO FL STREET ADDRESS STREET ADDRESS SANTA MONICA, CA 90401 CITY - ST - ZIP NEW YORK, NY 10018 / 0120 CITY-ST-ZIP PCOO DIRECTOR TITLE ☐ Delete TITLE Change Addition RONALO BEEGLE MILLS JOHN'S NAME NAME 709 CARRIAGE HOUSE DRIVE STREET ADDRESS 201 WILLOWBROOK BLVD 7TH FLOOR STREET ADDRESS CITY - ST- ZIP WAYNE, NJ 07470 CITY-ST-ZIP ARCADIA, CA 91006 D DIRECTOR THILE ☐ Delete TITLE Channe Addition DAVID VERMYLEN HOWARD, JOHN D NAME NAME W. KAJER LANE ---383 MADISON AVE STREET ADDRESS STREET ADDRESS 1227 CiTY - ST-7IP NEW YORK, NY 10179 CITY-ST-ZIP LAKE FOREST, IL 60045 Delete TITLE Change Addition ARLANDER, BODIL NAME NAME 383 MADISON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10179 CITY-ST-ZIP Delete TITLE TIT! F Change Addition METRICK, RICHARD NAME NAME STREET ADDRESS 2 HEMLOCK CIRCLE STREET ADDRESS CITY-ST-ZIP PAWLING, NY 12564 CITY-ST-ZIP D ☐ Delete TITLE TITLE ☐ Change ☐ Addition EDWAB, DAVID NAME STREET ADDRESS 1410 BROADWAY 29TH FLOOR STREET ADDRESS

12. 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

NEW YORK, NY 10018

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED