2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004730

1. Entity Name
AEROPOSTALE, INC.

$150
V# 22001
210-04-00162
PMV 06

Principal Place of Business	Mailing Address
201 WILLOWBROOK BLVD 7TH FLOOR WAYNE, NJ 07470	201 WILLOWBROOK BLVD 7TH FLOOR WAYNE, NJ 07470

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

ENTERED
MAR 29 2006

DO NOT WRITE IN THIS SPACE

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 Y.S. _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GEIGER, JULIAN R
STREET ADDRESS	112 W. 34TH ST., 22ND FL
CITY-ST-ZIP	NEW YORK, NY 10120
TITLE	PCOO
NAME	MILLS, JOHN S
STREET ADDRESS	201 WILLOWBROOK BLVD 7TH FLOOR
CITY-ST-ZIP	WAYNE, NJ 07470
TITLE	D
NAME	HOWARD, JOHN D
STREET ADDRESS	383 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10179
TITLE	D
NAME	ARLANDER, BODIL
STREET ADDRESS	383 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10179
TITLE	D
NAME	BURTON, BETSY
STREET ADDRESS	1221 OCEAN AVE., SUITE 1108
CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	D
NAME	EDWAB, DAVID
STREET ADDRESS	1410 BROADWAY 29TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10018

U00000487715
04/14/06-80006-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ VP. CONTROLLER 3/20/06 972-826-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #