2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0118409 AT

DOCUMENT # F95000004730

1. Entity Name
AEROPOSTALE, INC.

FILED
03 JUL 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
35 CONTINENTAL DR WAYNE NJ 07470	201 WILLOWBROOK BLVD WAYNE NJ 07470-7025 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
201 WILLOWBROOK BLVD, 7TH FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WAYNE, NJ	City & State
Zip: 07470 Country: PASSAIC	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. I am familiar with, and accept the obligations of registered agent.

100021766741
07/24/03--01062--003 **558.75

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. 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	DIRECTOR DAVID GLASER 383 MADISON AVENUE NEW YORK, NY 10179	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO MILLS, JOHN S 35 CONTINENTAL DRIVE WAYNE NJ 07470	☐ Delete	PCOO MILLS, JOHN S 201 WILLOWBROOK BLVD., 7TH FL WAYNE, NJ 07470	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, JOHN D ~~345 PARK AVENUE~~ 383 MADISON AVENUE NEW YORK NY ~~10167~~ 10179	☐ Delete	DIRECTOR DOUGLAS KORN 383 MADISON AVENUE NEW YORK, NY 10179	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARLANDER, BODIL ~~345 PARK AVENUE~~ 383 MADISON AVENUE NEW YORK NY ~~10167~~ 10179	☐ Delete	DIRECTOR RICHARD PERKAL 383 MADISON AVENUE NEW YORK, NY 10179	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METRICK, RICHARD ~~345 PARK AVENUE~~ 2 HEMLOCK CIRCLE ~~NEW YORK NY 10167~~ PAWLING, NY 12564	☐ Delete	DIRECTOR BETSY BURTON 1221 OCEAN AVENUE, SUITE 1108 SANTA MONICA, CA 90401	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWAB, DAVID ~~345 PARK AVENUE~~ 1410 BROADWAY, 24TH FLOOR NEW YORK NY ~~10167~~ 10018	☐ Delete	DIRECTOR DAVID VERMYLEN 1227 W. KAJER LANE LAKE FOREST, IL 60045	☐ Change	☒ Addition

CR2E034 (4/03)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 7/23/03 (973)872-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #