

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90105 021 ***150.00

DOCUMENT # F96000001571

1. Entity Name

OUTLET RETAIL STORES, INC.

Principal Place of Business

**ONE MERRICK AVENUE
 WESTBURY NY 11590**

Mailing Address

**ONE MERRICK AVENUE
 WESTBURY NY 11590**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3308355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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	C	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MILTON L	
STREET ADDRESS	ONE MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIEGEL, JEFFREY	
STREET ADDRESS	ONE MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, CRAIG	
STREET ADDRESS	ONE MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCNALLEY, ROBERT	
STREET ADDRESS	ONE MERRICK AVE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIFTAN, RONALD	
STREET ADDRESS	ONE MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, HOWARD	
STREET ADDRESS	ONE MERRICK AVENUE	
CITY-ST-ZIP	WESTBURY NY 11590	

TITLE	CHAIRMAN & DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MILTON L.	
STREET ADDRESS	ONE MERRICK AVE	
CITY-ST-ZIP	WESTBURY, NY 11590	
TITLE	DIRECTOR, PRESIDENT & CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, JEFFREY	
STREET ADDRESS	ONE MERRICK AVE	
CITY-ST-ZIP	WESTBURY, NY 11590	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MCNALLY

Date

1/30/02

Daytime Phone #

516-683-6000

CR2E034 (9/01)