

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005819 KIRKLAND'S OF INDIAN RIVER MALL, VERO BEACH, FL,

INC.

Principal Place of Business

Mailing Address

FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90011 014 ***550.00

600841 - 90011 - 74



JACKSON TN 38305			JACKSON TN 38305					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified				
								11/07/1996	-			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For	
21				26				65-0696007	Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_5_Certificate of Status Desired -	5. Certificate of Status Desired Fee Required			
City & State				City & State				6. Election Campaign Financing	_		0 May Be	
23				28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country			Zip Coun				8. This corporation owes the current year			¬ \	
24	25				30			Intangible Personal Property. Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
O T COCCOPATION OVOTEN						81 Name						
C T CORPORATION SYSTEM				1			32 Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD				_								
PLA	NTATION FL	33324			8	3						
					8	4	City		FL	85 Zi	Code	
office or i	registered agen	nt or both, in the State o	of Hork	da. Such change was a	iutnorizea i	2V I	tne corporatio	ation submits this statement for the pun's board of directors. I hereby accept	rpose of char the appoint	nging its ment as	registered registered	
agent. I a	am familiar with	, and accept the obligation	tions of	f, section 607.0505, Flo	orida Statut	es.					İ	
SIGNATURE .	Standture band or r	orinted name of registered agent	and title i	if applicable (NC	TF: Registered	1 Ao	ent signature requi	ired when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS						13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12	
TITLE	PD			DELETE	1.1 TITLE	_				Change		
NAME	KIRKLAND, CARL					1.2 NAME				_	_	
STREET ADDRESS	805 NORTH PARKWAY					1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSON TN 38305					1.4 CITY-ST-ZIP						
TITLE	VSTD	111 33333		DELETE	2.1 TITLE				Γ	Change	Addition	
NAME	ALDERSON, ROBERT					2.2 NAME			_			
STREET ADDRESS	805 NORTH PARKWAY						ADDRESS					
		TN 38305		- 2.4 CITY		ı		٠		_ ,		
CITY-ST-ZIP=	D	111.50005		DELETE	3.1 TITLI		-	100		Change	Addition	
NAME	ORR, R W III					3.2 NAME		عبرا و	_			
STREET ADDRESS	845 CROSSOVER LANE SUITE 140					3.3 STREET ADDRESS		0 1/3/				
CITY-ST-ZIP	MEMPHIS TN 38117					3.4 CITY-ST-ZIP		je Kochen			ļ	
TITLE	D D	111 00111		DELETE	4.1 TITLE			$\gamma \gamma$		Change	Addition	
NAME	MUSSAFER	R DAVID		C Dereie	4.2 NAM		}	· 0⁄	_	_	, 100,1011	
STREET ADDRESS	l	RAL STREET					ADDRESS					
CITY-ST-ZIP	BOSTON N				4.4 CITY							
TITLE	D	701 VE 11V		DELETE	5.1 TITLE	_	=:			Change	Addition	
NAME	OSWALD, JOHN P					5.2 NAME			_	9		
STREET ADDRESS		VE 40TH FLOOR					ADDRESS				\	
CITY-\$T-ZIP		K NY 10017			5.4 CITY		1				1	
TITLE	HEN ION	V 141 10011		DELETE	6.1 TITU			τ	Г	Change	Addition	
NAME				☐ Nere is	6.2 NAM				_	_ onange	, LLI , WORKON	
							ANNDESS				}	
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP							Ì	
CITY-ST-ZIP	I				■ 6.4 CITY	ST-	-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

15-1-49 9 901-668-2444

SIGNATURE:

901-668-2444

PM841 = 4001=14 =96000005819

KIRKLAND'S, INC. 805 N. PARKWAY

P.O. BOX 7222 JACKSON, TENNESSEE 38308-7222 (901) 668-2444

FAX:

ADMIN/LEASING PURCHASING ACCTS. PAYABLE

(901) 664-9345 (901) 668-5071 (901) 664-4480

SALES AUDIT

INVENTORY CONTROL

OFFICERS:

Chariman/CEO:

Carl Kirkland 805 North Parkway Jackson, TN 38305

President/COO:

Robert Alderson 805 North Parkway Jackson, TN 38305

Chief Financial Officer:

Reynolds Faulkner 805 North Parkway Jackson, TN 38305

Asst. Vice President/Secretary:

Lowell Pugh 805 North Parkway Jackson, TN 38305

Treasurer:

Connie Scoggins 805 North Parkway Jackson, TN 38305.

DIRECTORS:

ALDERSON, ROBERT Kirkland's, Inc. 805 North Parkway Jackson, TN 38305

KIRKEAND, CARL Kirkland's, Inc. 805 North Parkway Jackson, TN 38305

ORR, R. WILSON, III SSM Corporation 845 Crossover Lane, Suite 140 Memphis, TN 38117

FAULKER, REYNOLDS C. Kirkland's, Inc. 805 North Parkway Jackson, TN 38305

MCGRATH, ALEXANDER Capital Resource Partners 85 Merrimac Street, Suite 200 Boston, MA 02114

MUSSAFER, DAVID Advent International Corporation 101 Federal Street Boston, MA 02110

OSWALD, JOHN P. CT Capital International, Inc. 575 5th Ave., 40th Floor New York, NY 10017