

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90048 012 \*\*\*150.00

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F98000000623</b>           |  |
| 1. Entity Name<br><b>HOMEGOODS, INC.</b> |                                                                                   |

|                                                                                    |                                                                                                       |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>770 COCHITUATE ROAD<br/>FRAMINGHAM, MA 01701</b> | Mailing Address<br><b>770 COCHITUATE ROAD<br/>ATTN: CORP TAX DEPT J55<br/>FRAMINGHAM, MA 01701 US</b> |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

03292004 Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>04-3183269</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                          |                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P SEE ATTACHED LIST</b> <input type="checkbox"/> Delete<br><b>ROSSI, JEROME</b><br><b>770 COCHITUATE ROAD</b><br><b>FRAMINGHAM, MA</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>VPTD</b><br><b>REYNOLDS, MARY</b><br><b>770 COCHITUATE ROAD</b><br><b>FRAMINGHAM, MA</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>S</b><br><b>MELTZER, JAY H</b><br><b>770 COCHITUATE ROAD</b><br><b>FRAMINGHAM, MA</b>               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>V</b><br><b>APPEL, ALFRED</b><br><b>770 COCHITUATE ROAD</b><br><b>FRAMINGHAM, MA</b>                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>V</b><br><b>CAMPBELL, DONALD G</b><br><b>770 COCHITUATE ROAD</b><br><b>FRAMINGHAM, MA</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>V</b><br><b>PANATONNI, LISA</b><br><b>770 COCHITUATE RD</b><br><b>FRAMINGHAM, MA</b>                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: ALFRED APPEL **ALFRED APPEL** **APR 16 2004** **5083902380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

G:\CORPTAX\LODAT\MANUAL\OFhmgds.123

**HOMEGOODS, INC**  
**OFFICERS AND DIRECTORS**  
**MARCH 29, 2004**

# \_\_\_\_\_  
F98000000623

|                                                               |                    |
|---------------------------------------------------------------|--------------------|
| PRESIDENT                                                     | JEROME ROSSI       |
| SENIOR VICE PRESIDENT                                         | LISA PANATTONI     |
| SENIOR VICE PRESIDENT                                         | COLIN WREN         |
| VICE PRESIDENT                                                | ALFRED APPEL       |
| VICE PRESIDENT                                                | KATHERINE BEEDE    |
| VICE PRESIDENT                                                | MARGARET BYNOE     |
| VICE PRESIDENT                                                | DONALD G. CAMPBELL |
| VICE PRESIDENT                                                | KEN CANESTRARI     |
| VICE PRESIDENT                                                | DAN ENGLAND        |
| VICE PRESIDENT                                                | DAVID GLENN        |
| VICE PRESIDENT                                                | ROGER HOLMES       |
| VICE PRESIDENT                                                | STEVE MASTRANGELO  |
| VICE PRESIDENT / TREASURER                                    | MARY B. REYNOLDS   |
| VICE PRESIDENT                                                | MICHAEL SKIRVIN    |
| ASSISTANT VICE PRESIDENT                                      | JOAN KORZEC-BROWN  |
| ASSISTANT VICE PRESIDENT                                      | DANIEL R. MOORE    |
| ASSISTANT VICE PRESIDENT                                      | LOUIS NAPOLI       |
| SECRETARY/CLERK                                               | JAY H. MELTZER     |
| ASSISTANT TREASURER<br>ASSISTANT SECRETARY<br>ASSISTANT CLERK | NANCY HENDRICKSON  |
| ASSISTANT SECRETARY<br>ASSISTANT CLERK                        | ANN MCAULEY        |
| ASSISTANT SECRETARY<br>ASSISTANT CLERK                        | KEVIN G. FOX       |
| CHAIRMAN OF THE BOARD                                         | ALEX SMITH         |
| DIRECTOR                                                      | EDMOND ENGLISH     |
| DIRECTOR                                                      | DONALD G. CAMPBELL |

BUSINESS ADDRESS  
(FOR ALL OF THE ABOVE)

ATTN: CORP TAX DEPT  
770 COCHITUATE ROAD  
FRAMINGHAM, MA 01701

ANNUAL MEETING:  
FIRST TUESDAY IN JUNE

TERM OF OFFICE FOR  
ALL OF THE ABOVE:  
JUNE 03, 2003 - JUNE 01, 2004