

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000623

Entity Name: HOMEGOODS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

770 COCHITUATE ROAD
FRAMINGHAM, MA 01701

New Principal Place of Business:

Current Mailing Address:

770 COCHITUATE ROAD
ATTN: CORP TAX DEPT J55
FRAMINGHAM, MA 01701 US

New Mailing Address:

FEI Number: 04-3183269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAN, STUTZ
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: T () Delete
Name: REYNOLDS, MARY B
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA

Title: S () Delete
Name: MCCAULEY, ANN
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V () Delete
Name: APPEL, ALFRED
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA

Title: V () Delete
Name: NAYLOR, JEFFREY
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V () Delete
Name: KANGAS, PAUL
Address: 770 COCHITUATE RD
City-St-Zip: FRAMINGHAM, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED APPEL

V

04/23/2009

Electronic Signature of Signing Officer or Director

Date