## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2000 8:00 am Secretary of State DOCUMENT # F9900000327 FREDERICK'S OF HOLLYWOOD STORES, INC. 01-26-2000 90040 013 \*\*\*150.00 Principal Place of Business Mailing Address 6608 HOLLYWOOD BLVD 6608 HOLLYWOOD BLVD HOLLYWOOD CA 90028-6208 HOLLYWOOD CA 90028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-4698882 Not Applicati Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change : TITLE ☐ Delete LIPSON, DAVID E NAME NAME 225 W. WASHINGTON STREET ADDRESS 6608 HOLLYWOOD BLVD STREET ADDRESS CHICAGO, IL 60602 CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD CA 90028** TITLE Delete LINDA LoRe NAME PATTERSON, TERESA W NAME STREET ADDRESS STREET ADDRESS 6608 HOLLYWOOD BLVD CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD CA 90028 C .... Change 🔀 Delete 🚊 TITLE TITLE PAUL E NOACK NAME VASEY, AUDREY NAME STREET ADDRESS STREET ADDRESS 6608 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD CA 90028** ☐ Change ☐ Delete TITLE TITLE SAXMAN, SUZANNE L NAME NAME STREET ADDRESS STREET ADDRESS 30 N. LASALLE ST. SUITE 2900 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 3 4 1 190 Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

DAVID M. LANDIS

1/00 323-957-5

FILED

Daytime Phone #