

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004538

1. Entity Name

AE STORES COMPANY

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90002 031 ***150.00

Principal Place of Business

Mailing Address

150 THORN HILL DRIVE
 WARRENDALE PA 15086

150 THORN HILL DRIVE
 WARRENDALE PA 15086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1724320**

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2001 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	P	NAME	MARKFIELD, ROGER	STREET ADDRESS	150 THORN HILL DRIVE	CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	ST	NAME	TAIT, WILLIAM	STREET ADDRESS	150 THORN HILL DRIVE	CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	VP	NAME	WEIL, LAURA	STREET ADDRESS	150 THORN HILL DRIVE	CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	D	NAME	KOLBER, GEORGE	STREET ADDRESS	150 THORN HILL DRIVE	CITY-ST-ZIP	WARRENDALE PA 15086
TITLE	D	NAME	MARKFIELD, ROGER	STREET ADDRESS	150 THORN HILL DRIVE	CITY-ST-ZIP	WARRENDALE PA 15086
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		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

GARY A. Bashur

Date

Daytime Phone #

(724) 776-4857

CR2E034 (10/00)