

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006391

1. Entity Name

ANNTAYLOR RETAIL, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90200 041 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O DAVID RAMER, TAX DEPARTMENT  
414 CHAPEL STREET  
NEW HAVEN CT 06511

C/O DAVID RAMER, TAX DEPARTMENT  
414 CHAPEL STREET  
NEW HAVEN CT 06511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1415434

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 2000 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	PCOO	<input type="checkbox"/> Delete
NAME	DEROSA, PATRICIA	
STREET ADDRESS	142 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BARANDIARAN, JOCELYN F.L.	
STREET ADDRESS	142 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ERDOS, BARRY	
STREET ADDRESS	142 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SPAINHOUR, J. PATRICK	
STREET ADDRESS	142 WEST 57TH STREET	
CITY-ST-ZIP	NEW HAVEN CT 06511	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	SMITH, JAMES M	
STREET ADDRESS	414 CHAPEL STREET	
CITY-ST-ZIP	NEW HAVEN CT 06511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

(203) 865-0811

CR2E034 (9/99)