

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006391

1. Entity Name

ANNTAYLOR RETAIL, INC.

Principal Place of Business

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

Mailing Address

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE PCOO ☒ Delete
NAME DEROSA, PATRICIA
STREET ADDRESS 142 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE VSD ☐ Delete
NAME BARANDIARAN, JOCELYN F.L.
STREET ADDRESS 142 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE VTD ☐ Delete
NAME ERDOS, BARRY
STREET ADDRESS 142 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019

TITLE CD ☐ Delete
NAME SPAINHOUR, J. PATRICK
STREET ADDRESS 142 WEST 57TH STREET
CITY-ST-ZIP NEW HAVEN CT 06511

TITLE VAT ☐ Delete
NAME SMITH, JAMES M
STREET ADDRESS 414 CHAPEL STREET
CITY-ST-ZIP NEW HAVEN CT 06511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chief operating officer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chief financial officer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sallie DeMarsillis ☐ Change ☒ Addition
NAME Vice President / Controller
STREET ADDRESS 414 Chapel St
CITY-ST-ZIP New Haven, CT 06511

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90008 043 ***150.00

944708



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)