

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90154 004 \*\*\*150.00

**DOCUMENT #** F99000006391

1. Entity Name  
ANNTAYLOR RETAIL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
414 CHAPEL STREET

3. Mailing Address  
414 CHAPEL STREET

Suite, Apt. #, etc.  
TAX DEPARTMENT

Suite, Apt. #, etc.  
TAX DEPARTMENT

DO NOT WRITE IN THIS SPACE

City & State  
NEW HAVEN, CT

City & State  
NEW HAVEN, CT

4. FEI Number.  
06-1415434

Applied For  
Not Applicable

Zip  
06511

Country  
USA

Zip  
06511

Country  
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City  
TALLAHASSEE

FL

Zip Code  
32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRESIDENT  
J. PATRICK SPAINHOUR  
142 WEST 57th STREET  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SR EXECUTIVE VP/CHIEF OP OFFICER  
BARRY ERDOS  
142 WEST 57th STREET  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
GENERAL COUNSEL AND SECRETARY  
BARBARA K. EISENBERG  
1372 BROADWAY, 12th FLOOR  
NEW YORK, NY 10018

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TREASURER  
JAMES M. SMITH  
142 WEST 57TH STREET  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SALLIE A. DeMARSILIS  
ASSISTANT SECRETARY  
414 CHAPEL STREET  
NEW HAVEN, CT 06511

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sallie A. DeMarsilis*

SALLIE A. DeMARSILIS

4/22/02

(203) 865-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)