

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90364 038 \*\*\*150.00

**DOCUMENT # F99000006391**

1. Entity Name  
ANNTAYLOR RETAIL, INC.



Principal Place of Business  
476 WHEELERS FARMS ROAD  
TAX DEPARTMENT  
MILFORD, CT 06460

Mailing Address  
476 WHEELERS FARMS ROAD  
TAX DEPARTMENT  
MILFORD, CT 06460

40042987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03132006 Chg-P CR2E034 (11/05)

4. FEI Number

06-1415434

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SPAINHOUR, PATRICK J ☒ Delete  
STREET ADDRESS 142 WEST 57TH STREET  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE GCS  
NAME EISENBERG, BARBARA K ☐ Delete  
STREET ADDRESS 1372 BROADWAY 12TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10018

TITLE T  
NAME SMITH, JAMES M ☐ Delete  
STREET ADDRESS 142 WEST 57TH STREET  
CITY-ST-ZIP NEW HAVEN, CT 06511

TITLE AT  
NAME POKORA, STANLEY ☐ Delete  
STREET ADDRESS 476 WHEELERS FARMS ROAD  
CITY-ST-ZIP MILFORD, CT 06460

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition  
NAME KAY KRILL  
STREET ADDRESS 7 TIMES SQUARE, 15TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE GC/S ☒ Change ☐ Addition  
NAME BARBARA K. EISENBERG  
STREET ADDRESS 7 TIMES SQUARE / 15TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE T ☒ Change ☐ Addition  
NAME JAMES SMITH  
STREET ADDRESS 7 TIMES SQUARE / 15TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE AT ☒ Change ☐ Addition  
NAME STANLEY POKORA  
STREET ADDRESS 476 WHEELERS FARMS ROAD  
CITY-ST-ZIP MILFORD, CT 06460

TITLE ☐ Change ☒ Addition  
NAME AT  
STREET ADDRESS DOMINICK J. REIS  
CITY-ST-ZIP 476 WHEELERS FARMS ROAD  
MILFORD, CT 06460

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

3/22/06

Date

203-283-8500

Daytime Phone #