

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000006391

1. Entity Name
ANNTAYLOR RETAIL, INC.



Principal Place of Business
**476 WHEELERS FARMS ROAD
TAX DEPARTMENT
MILFORD, CT 04640**

Mailing Address
**476 WHEELERS FARMS ROAD
TAX DEPARTMENT
MILFORD, CT 04640**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRILL, KAY 7 TIMES SQUARE 15TH FL NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS EISENBERG, BARBARA K 7 TIMES SQ 15TH FL NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JAMES M 7 TIMES SQ 15TH FL NEW YORK, NY 10026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT POKORA, STANLEY 476 WHEELERS FARMS RD MILFORD, CT 06460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT REIS, DOMINICK J 476 WHEELERS FARMS RD MILFORD, CT 06460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000686416
04/09/07-80044-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3/29/07
Date

203-283-8550
Daytime Phone #