

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G53267** (2)

1. Corporation Name

**MARSHALLS OF ST. PETERSBURG, FL., INC.**



Principal Place of Business

**200 BRICKSTONE SQUARE, #211  
C/O TAX DEPT.  
ANDOVER MA 01810**

Mailing Address

**200 BRICKSTONE SQUARE, #211  
C/O TAX DEPT.  
ANDOVER MA 01810**

3. Date Incorporated or Qualified

**08/09/1983**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

21

2a. Mailing Address

26

**ATTN: CORP TAX DEPT RT 1E  
770 COCHITUATE ROAD  
FRAMINGHAM, MA 01701**

**ATTN: CORP TAX DEPT RT 1E  
770 COCHITUATE ROAD  
FRAMINGHAM, MA 01701**

4. FEI Number

**04-2797112**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, STANLEY</b>	
STREET ADDRESS	<b>ONE THEALL RD</b>	
CITY-ST-ZIP	<b>RYE NY</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSI, JERRY</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMBRO, J. G</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COHEN, IRVIN</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARREN FEIDBERG</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**200001788972  
-04/22/96--01056--041  
\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)

MARSHALLS OF ROSEVILLE, MINN., INC.  
MARSHALLS OF RICHFIELD, MN., INC.  
MARSHALLS INC. AND ALL SUBSIDIARIES  
OFFICERS & DIRECTORS  
MARCH 14, 1996

PRESIDENT	RICHARD LESSER
VICE PRESIDENT	ALFRED APPEL
VICE PRESIDENT	DONALD CAMPBELL
VICE PRESIDENT	DAVID WEINER
VICE PRESIDENT	IRVING RITZ
TREASURER	STEVEN R. WISHNER
ASSISTANT TREASURER\	MARY B. REYNOLDS
ASSISTANT SECRETARY	
SECRETARY	JAY H. MELTZER
ASSISTANT SECRETARY	KEVIN FOX
ASSISTANT SECRETARY	ANN MCCAULEY
CHAIRMAN BOARD OF DIRECTORS	BERNARD CAMMARATA
DIRECTOR	DONALD CAMPBELL
DIRECTOR	RICHARD LESSER
BUSINESS ADDRESS	ANNUAL MEETING
(FOR ALL OF THE ABOVE):	FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT.	TERM OF OFFICE FOR
770 COCHITUATE ROAD	ALL OF THE ABOVE:
FRAMINGHAM, MA 01701	MARCH 14, 1996 - JUNE 4, 1996