FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

67

APPROVED AND FILED
95 APR 27 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09533 (1)

1. Corporation Name

BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILL E, INC.

Principal Place of Business	Mailing Address
1830 ROUTE 130 NORTH C/O TAX DEPT. BURLINGOTN NJ 08016 US	1830 ROUTE 130 NORTH BURLINGOTN NJ 08016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): ✓
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): C/O TAX DEPT.

City & State (23):
City & State (28):

Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: 59-2434816 ☐ 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

PARKS, JOHN
% BURLINGTON COAT FACTORY
8195 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, MONROE	12 NAME		
STREET ADDRESS	1830 RT 130 N	13 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, ANDREW	22 NAME		
STREET ADDRESS	1830 RT 130 N	23 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	MILSTEIN, HENRIETTA	32 NAME		
STREET ADDRESS	1830 RT 130 N	33 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NJ	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	TREASURER	☒ Change ☐ Addition
NAME	STOUT, ELISABETH	42 NAME	HENRIETTA MILSTEIN	
STREET ADDRESS	1830 RT 130 N	43 STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP	BURLINGTON NJ	44 CITY-ST-ZIP	BURLINGTON N.J. 08016	
TITLE		51 TITLE	CHIEF FINANCIAL OFFICER	☐ Change ☒ Addition
NAME		52 NAME	ROBERT LA PENTA	
STREET ADDRESS		53 STREET ADDRESS	1830 ROUTE 130 NORTH	
CITY-ST-ZIP		54 CITY-ST-ZIP	BURLINGTON, N.J. 08016	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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: X Robert La Penta — ROBERT LA PENTA — CHIEF FINANCIAL OFFICER — 4-12-95 — 609-387-7800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478408 FP