

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

pg 1 of 2

DOCUMENT # J97620 (5)

1. Corporation Name

MARSHALLS OF TAMPA-NO. DALE MABRY, FL., INC.



Principal Place of Business

C/O TAX DEPT.  
200 BRICKSTONE SQUARE, #357  
ANDOVER MA 01810

Mailing Address

C/O TAX DEPT.  
200 BRICKSTONE SQUARE, #357  
ANDOVER MA 01810

3. Date Incorporated or Qualified  
10/16/1987

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

04-2986265

Applied For

Not Applicable

Suite, Apt. #, etc.

ATTN: CORP TAX DEPT RT 1E

770 COCHITUATE ROAD  
FRAMINGHAM, MA 01701

Suite, Apt. #, etc.

ATTN: CORP TAX DEPT RT 1E

770 COCHITUATE ROAD  
FRAMINGHAM, MA 01701

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

24

Country

25

Country

29

Country

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

|                    |   |
|--------------------|---|
| 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    |   |

SEE ATTACHED LIST

000001788980

-04/22/96--01056--042

\*\*\*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

SIGNED APPEL VICE PRESIDENT

Daytime Phone #

CR2E034 (12/95)

2042

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/<br>ASSISTANT SECRETARY                          | MARY B. REYNOLDS   |
| 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<br>(FOR ALL OF THE ABOVE):                          | ANNUAL MEETING<br>FIRST TUESDAY IN JUNE                                  |
| ATTN: CORP. TAX DEPT.<br>770 COGNITUATE ROAD<br>FRAMINGHAM, MA 01701 | TERM OF OFFICE FOR<br>ALL OF THE ABOVE:<br>MARCH 14, 1996 - JUNE 4, 1996 |