

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043466

Entity Name: CATHERINES #5964, LLC

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

3750 STATE ROAD  
BENSALEM, PA 19020

## New Principal Place of Business:

## Current Mailing Address:

3750 STATE ROAD  
BSC TAX DEPT  
BENSALEM, PA 19020

## New Mailing Address:

FEI Number: 20-4763801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CATHERINES, INC.  
Address: 3750 STATE ROAD  
City-St-Zip: BENSALEM, PA 19020

Title: PRES ( ) Delete  
Name: SPECTER, ERIC  
Address: 3750 STATE ROAD  
City-St-Zip: BENSALEM, PA 19020

Title: VP ( ) Delete  
Name: GLUECK, NEAL  
Address: 3750 STATE ROAD  
City-St-Zip: BENSALEM, PA 19020

Title: SEC ( ) Delete  
Name: LIEBERMAN, KATHLEEN  
Address: 3750 STATE ROAD  
City-St-Zip: BENSALEM, PA 19020

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SULLIVAN, JOHN  
Address: 3750 STATE ROAD  
City-St-Zip: BENSALEM, PA 19020

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERIC SPECTER

PRES

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date