2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L61143** May 17, 2000 8:00 am Secretary of State THE RAG SHOP/JACKSONVILLE-ORANGE PARK, INC. 05-17-2000 91062 001 *3,000.00 Principal Place of Business Mailing Address TOYS R US VILLAGE THE RAG SHOP- JXVL/ORANGE PARK 1980 WELLS ROAD 111 WAGARAW RD ORANGE PARK FL 32073 **HAWTHORNE NJ 07506-2720** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-1890398 Not Applicable Zìp Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change Addition ☐ Delete TITLE NAME BERENZWEIG, STANLEY NAME STREET ADDRESS STREET ADDRESS 111 WAGARAW ROAD CITY~ST-ZIP CITY-ST-ZIP HAWTHORNE NJ Change ☐ Addition TITLE Delete TITLE NAME BERENZWEIG, DORIS NAME STREET ADDRESS STREET ADDRESS 111 WAGARAW ROAD CITY-ST-ZIP CITY-ST-7IP HAWTHORNE NJ ☐ Delete TITLE Change ☐ Addition TITLE NAME BERENZWEIG, EVAN NAME STREET ADDRESS STREET ADDRESS 111 WAGARAW ROAD CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ ☐ Change ☐ Addition TITLE Delete NAME LOMBARDO, JUDITH STREET ADDRESS 111 WAGARAW ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ ☐ Delete TITLE Change ☐ Addition TITLE VTD NAME NAME BARNETT, STEVEN STREET ADDRESS STREET ADDRESS 111 WAGARAW ROAD CITY-ST-ZIP CITY-ST-ZIF HAWTHORNE NJ Change Addition ☐ Delete TITLE TITLE AARONSON, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 111 WAGARAW ROAD RAG SHOP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

HAWTHORNE NJ

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

973-423-1303

Daytime Phone #