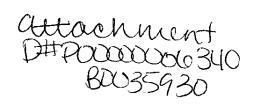
2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000006340 DAVID'S BRIDAL OF TAMPA, INC. 04-25-2001 90012 022 ***150.00 Principal Place of Business Mailing Address 44 W. LANCASTER AVE. 44 W. LANCASTER AVE. ARDMORE PA 19003 ARDMORE PA 19003 2. Principal Place of Business 3. Mailing Address 1001 Washington STREET 1001 WASHINGTON STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-CONSHOHOCKEN Not Applicable 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE X Delete ER; BAUM, STEVEN NAME SEE AHACHED STREET ADDRESS STREET ADDRESS 44 W. LANCASTER AVE. CITY-ST-ZIP CITY-ST-ZIP ARDMORE PA 19003 ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR



OFFICERS

Jan R. Kniffen	President	611 Olive Street, St. Louis, MO 63101
Richard A. Brickson	VP & Secretary	611 Olive Street, St. Louis, MO 63101
Martin M. Doerr	Vice President	611 Olive Street, St. Louis, MO 63101
John A. Sztukowski	Treasurer	611 Olive Street, St. Louis, MO 63101
Linda J. Balicki	Assistant Secretary	611 Olive Street, St. Louis, MO 63101
Steven M. Weinstein	Assistant Secretary	611 Olive Street, St. Louis, MO 63101

DIRECTORS

Jan R. Kniffen

611 Olive Street, St. Louis, MO 63101