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

APPROVED AND FILED

95 APR 19 AM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00941** **(5)**

1. Corporation Name

AILEEN STORES, INC. (D.I.P.)

Principal Place of Business	Mailing Address
ROAD 673 P.O. BOX 249 EDINBURG VA 22824-7249	AILEEN STORE, INC. ~~1411 BROADWAY~~ NEW YORK NY 10018 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1984	3a. Date of Last Report: 06/29/1994
4. FEI Number: 62-1172088	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	Aileen Stores, Inc.
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1430 Broadway
22		27	
City & State		City & State	New York, NY
23		28	
Zip	Country	Zip	Country
24	25	29 10018	30 USA

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	~~CEO~~	☐ Change ☐ Addition
NAME	~~OBERLIN, ABE~~	1.2 NAME	Robert W. Tarpley	
STREET ADDRESS	~~1411 BROADWAY~~	1.3 STREET ADDRESS	~~State Road 673~~	
CITY-ST-ZIP	~~NEW YORK NY~~	1.4 CITY-ST-ZIP	~~Edinburg, VA 22824~~	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	TARPLEY, ROBERT W.	2.2 NAME		
STREET ADDRESS	RD 673	2.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURG VA	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	COFFMAN JR., HOMER F.	3.2 NAME		
STREET ADDRESS	STATE ROAD 673	3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURG VA	3.4 CITY-ST-ZIP		
TITLE	~~EVP~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~DEBOER, JERRY L.~~	4.2 NAME		
STREET ADDRESS	~~STATE ROAD 673~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~EDINBURG VA~~	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	POISSON, DAVID	5.2 NAME		
STREET ADDRESS	RD 673	5.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURG VA	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	DELMAN, STEPHEN B.	6.2 NAME		
STREET ADDRESS	1411 BROADWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	6.4 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 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: Stephen B Delman Vice President - General Counsel 4/7/95 (212) 398-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

STEPHEN B. DELMAN

0000000 FP