

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 027 ***150.00

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1. Entity Name
QVC RS NAPLES, INC.



Principal Place of Business

10801 CORKSEREW RD
STE 102
ESTERO, FL 33928

Mailing Address

1200 WILSON DRIVE
WEST CHESTER, PA 19380

40021798



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2340864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGE, MICHAEL
STREET ADDRESS	1200 WILSON DRIVE
CITY - ST - ZIP	WEST CHESTER, PA 19380
TITLE	EVPS
NAME	GRABELL, NEAL
STREET ADDRESS	1200 WILSON DRIVE
CITY - ST - ZIP	WEST CHESTER, PA 19380
TITLE	SVPT/CEO
NAME	THOR, GLENN M
STREET ADDRESS	1200 WILSON DR. MC 203
CITY - ST - ZIP	WEST CHESTER, PA 19380
TITLE	VPAS
NAME	HAYES, LARRY
STREET ADDRESS	1200 WILSON DR. MC 203
CITY - ST - ZIP	WEST CHESTER, PA 19380
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN M. THOR 2-5-07

SVP/Treasurer/CEO

784-701-8283

Daytime Phone #