

2004 FOR PROFIT CORPORATION 1098
ANNUAL REPORT

DOCUMENT # P03000142874

1. Entity Name
LANE BRYANT #6420, INC.



FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90318 005 ***150.00

Principal Place of Business
450 WINKS LN
BENSALEM, PA

Mailing Address
450 WINKS LN
BENSALEM, PA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

73-1686628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, KATHLEEN H	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM, PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN J	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM, PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEIN, ODED	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM, PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRIVER, RODNEY	
STREET ADDRESS	3750 STATE RD	
CITY-ST-ZIP	BENSALEM, PA 19020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Specker	
STREET ADDRESS	450 Winks Lane	
CITY-ST-ZIP	Bensalem PA 19020	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Glueck	
STREET ADDRESS	450 Winks Lane	
CITY-ST-ZIP	Bensalem PA 19020	

12. 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 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

Neal Glueck

4/23/04 (215)633-4983

Date

Daytime Phone #