


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 048 ***150.00

DOCUMENT # P04000098169

1. Entity Name
LANE BRYANT #6358, INC.



Principal Place of Business Mailing Address
450 WINKS LANE **450 WINKS LANE**
BENSALEM, PA 19020 **BENSALEM, PA 19020**

50046953



2. Principal Place of Business 3. Mailing Address
3750 State Road **3750 State Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State City & State
Bensalem Pa **Bensalem Pa**
 Zip Country Zip Country
19020 **us** **19020** **us**

4. FEI Number Applied For
83-0399950 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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	MADWAY, LINDA M	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM, PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLUECK, NEAL	
STREET ADDRESS	3750 STATE ROAD	
CITY-ST-ZIP	BENSALEM, PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN J	
STREET ADDRESS	450 WINKS LANE	
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 checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Eric Spector	
CITY-ST-ZIP	450 WINKS LANE	
	Bensalem PA 19020	
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		

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: John Sullivan Date: 4/26/05 Daytime Phone #: 215-633-4883