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 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06195** **(2)**

1. Corporation Name
MAURICES APPAREL COMPANY

Principal Place of Business	Mailing Address
105 WEST SUPERIOR STREET DULUTH MN 55802	105 WEST SUPERIOR STREET DULUTH MN 55802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-2940677 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PCD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	BRENNINKMEYER, MARK	1.2 NAME	Roland H. Brenninkmeyer	
STREET ADDRESS	105 WEST SUPERIOR ST.	1.3 STREET ADDRESS	105 W. Superior Street	
CITY-ST-ZIP	DULUTH MN	1.4 CITY-ST-ZIP	Duluth, MN 55802	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ALLEN M.	2.2 NAME		
STREET ADDRESS	105 WEST SUPERIOR ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH MN	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BRENNINKMEYER, ROLAND H	3.2 NAME		
STREET ADDRESS	105 W. SUPERIOR ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH MN	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, MILES P.	4.2 NAME		
STREET ADDRESS	358 FIFTH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHLARMAN, PAUL	5.2 NAME		
STREET ADDRESS	105 WEST SUPERIOR ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH MN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BRENNINKMEYER, ROLAND M.	6.2 NAME		
STREET ADDRESS	1114 AVE OF THE AMERICAS	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)(k), 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: Paul Schlarman 4-18-95 (818)222-8191
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — (Daytime Phone #)

SVE 4-18-95

C95417 FN