

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06195 (2)

1. Corporation Name

MAURICES APPAREL COMPANY



Principal Place of Business

105 WEST SUPERIOR STREET  
DULUTH MN 55802

Mailing Address

105 WEST SUPERIOR STREET  
DULUTH MN 55802

3. Date Incorporated or Qualified  
05/28/1985

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

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

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

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☒ DELETE  
NAME BRENNINKMEYER, MARK-  
STREET ADDRESS BRENNINKMEYER, ROLAND, H  
CITY-ST-ZIP DULUTH MN

1.1 TITLE PCD ☐ Change ☒ Addition  
1.2 NAME Roland H. Brenninkmeyer  
1.3 STREET ADDRESS 105 W. Superior St.  
1.4 CITY-ST-ZIP Duluth, mn 55802

TITLE V ☐ DELETE  
NAME COHEN, ALLEN M.  
STREET ADDRESS 105 WEST SUPERIOR ST.  
CITY-ST-ZIP DULUTH MN

2.1 TITLE 0 ☐ Change ☒ Addition  
2.2 NAME Louis Brenninkmeyer  
2.3 STREET ADDRESS 6251 Crooked Creek Rd  
2.4 CITY-ST-ZIP norcross, GA 30092

TITLE D ☒ DELETE  
NAME BRENNINKMEYER, ROLAND H  
STREET ADDRESS 105 W. SUPERIOR ST.  
CITY-ST-ZIP DULUTH MN

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME FISCHER, MILES P.  
STREET ADDRESS 358 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME SCHLARMAN, PAUL  
STREET ADDRESS 105 WEST SUPERIOR ST.  
CITY-ST-ZIP DULUTH MN

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BRENNINKMEYER, ROLAND M.  
STREET ADDRESS 1114 AVE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 Schlarm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Schlarm*

Paul Schlarm 4-26-96 (218) 277-8431

Date

Daytime Phone #

CR2E034 (12/95)