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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:22

DOCUMENT # **P08657** **(9)**

1. Corporation Name
LEATHER LOFT STORES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1070 WATSON BROOK ROAD EXETER NH 03833	P.O. BOX 1070 WATSON BROOK ROAD EXETER NH 03833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 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: 02-0384408 ☐ 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 _____ (Signature, type or print name of registered agent and the address above) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	ST	☒ Change ☐ Addition
NAME	SHAFMASTER, JONATHAN S	12 NAME	Daniel E. Wilson	
STREET ADDRESS	WILLEY CREEK RD	13 STREET ADDRESS	Watson Brook Rd	
CITY-ST-ZIP	DURHAM NH	14 CITY-ST-ZIP	Exeter, NH 03833	
TITLE	S	21 TITLE	A/S	☒ Change ☐ Addition
NAME	WILSON, DANIEL E.	22 NAME	Jeffrey S. Towers	
STREET ADDRESS	WATSON BROOK RD.	23 STREET ADDRESS	Watson Brook Rd.	
CITY-ST-ZIP	EXETER NH	24 CITY-ST-ZIP	Exeter NH 03833	
TITLE	ST	31 TITLE	V	☒ Change ☐ Addition
NAME	TOWERS, JEFFREY S.	32 NAME	Roger A. Healey (instead of R. Murphy)	
STREET ADDRESS	WATSON BROOK RD.	33 STREET ADDRESS	Watson Brook Rd.	
CITY-ST-ZIP	EXETER NH	34 CITY-ST-ZIP	Exeter NH 03833	
TITLE	V	41 TITLE	V	☐ Change ☒ Addition
NAME	WANG, CLIVE W.	42 NAME	Kevin S. Moore	
STREET ADDRESS	18 WILLIAMS WAY	43 STREET ADDRESS	Watson Brook Rd.	
CITY-ST-ZIP	DURHAM NH	44 CITY-ST-ZIP	Exeter NH 03833	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MURPHY, ROBERT	52 NAME		
STREET ADDRESS	WATSON BROOK ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	EXETER NH	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: _____ 3-23-95 (608)778-8484
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone Number
DANIEL E. WILSON

0483782 FN