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
1995 MAY -1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09800** **(4)**

1. Corporation Name
THE ELECTRONICS BOUTIQUE, INC.

Principal Place of Business	Mailing Address
1345 ENTERPRISE DRIVE WEST CHESTER PA 19380	1345 ENTERPRISE DRIVE WEST CHESTER PA 19380

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1986**
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: **23-2049726** ☐ 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FIRESTONE, JOSEPH J.	12 NAME	900001492569
STREET ADDRESS	1 INDEPENDENCE PLACE	13 STREET ADDRESS	-05/17/95--01181--007
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	KILGANNON, MEMMA S.	22 NAME	
STREET ADDRESS	2753 LANTERN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	AUDOBON PA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	KIM, AGNES C.	32 NAME	TD John Panichella
STREET ADDRESS	760 CONSHOHOCKEN ST RD	33 STREET ADDRESS	1345 Enterprise Dr.
CITY-ST-ZIP	GLADWYNE PA	34 CITY-ST-ZIP	West Chester, Pa. 19386
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	GRIFFITHS, JEFFREY	42 NAME	
STREET ADDRESS	1802 HICKORY WAY	43 STREET ADDRESS	
CITY-ST-ZIP	HATFIELD PA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	MILLER, JOSEPH C	52 NAME	Deleted
STREET ADDRESS	557 VALLEY VIEW ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD PA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DA
STREET ADDRESS		63 STREET ADDRESS	5-1-95
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: Greg Blessley Gregg P. Blessley 5-01-95 (610) 430-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488483 FN