


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P10267</b> 1. Entity Name <b>CASUAL MALE RETAIL GROUP, INC.</b>	
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Principal Place of Business <b>555 TURNPIKE STREET CANTON, MA 02021 US</b>	Mailing Address <b>555 TURNPIKE STREET CANTON, MA 02021 US</b>
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-2623104</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEPD LEVIN, DAVID A 150 MONADNOCK RD CHESTNUT, MA 02467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLTZMAN, SEYMOUR 965 FIFTH AVE. APT. 11B NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNIKOW, ALAN S 207 BENEDICK AVE STATEN ISLAND, NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOPER, JESSE 2 VALLEY HIGH LAFAYETTE, CA 94549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, GEORGE JR 113 CANYON DR NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80055-004-150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-3-07** **781-828-9300**  
Date Daytime Phone #

**DENNIS R. HERNREICH, EVP, COO, CFO, TREASURER**