

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10267

FILED
Mar 10, 2009
Secretary of State

Entity Name: CASUAL MALE RETAIL GROUP, INC.

Current Principal Place of Business:

555 TURNPIKE STREET
CANTON, MA 02021 US

New Principal Place of Business:

Current Mailing Address:

555 TURNPIKE STREET
CANTON, MA 02021 US

New Mailing Address:

FEI Number: 04-2623104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEPD () Delete
Name: LEVIN, DAVID A
Address: 150 MONADNOCK RD
City-St-Zip: CHESTNUT, MA 02467

Title: CD () Delete
Name: HOLTZMAN, SEYMOUR
Address: 965 FIFTH AVE. APT. 11B
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: BERNIKOW, ALAN S
Address: 207 BENEDICK AVE
City-St-Zip: STATEN ISLAND, NY 10314

Title: D () Delete
Name: CHOPER, JESSE
Address: 2 VALLEY HIGH
City-St-Zip: LAFAYETTE, CA 94549

Title: D () Delete
Name: PORTER, GEORGE JR
Address: 113 CANYON DR
City-St-Zip: NAPA, CA 94558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HERNREICH, DENNIS R
Address: 555 TURNPIKE STREET
City-St-Zip: CANTON, MA 02021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS R. HERNREICH

VP

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date