

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:04

DOCUMENT # **P12662** (3)

1. Corporation Name:  
**BROOKS BROTHERS, INC.**

Principal Place of Business	Mailing Address
346 MADISON AVENUE NEW YORK NY 10017	346 MADISON AVENUE NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/23/1986</b>	3a. Date of Last Report <b>02/09/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>51-0297084</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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, Name of present holder of registered agent and his successor)

(NOTE: Registered Agent signature required when substituting)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LEWIS BART	2. NAME	
STREET ADDRESS	200 PARK AVENUE	3. STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	4. CITY - ST - ZIP	
TITLE	<del>PCD</del>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROBERTI, WILLIAM V.</del>	22. NAME	
STREET ADDRESS	<del>346 MADISON AVENUE</del>	23. STREET ADDRESS	<b>DELETE</b>
CITY, ST, ZIP	<del>NEW YORK NY</del>	24. CITY - ST - ZIP	
TITLE	V	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCO, EDWARD P	32. NAME	
STREET ADDRESS	346 MADISON AVE	33. STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	34. CITY - ST - ZIP	
TITLE	VST	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, ROGER S	42. NAME	
STREET ADDRESS	346 MADISON AVENUE	43. STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY 10017	44. CITY - ST - ZIP	
TITLE	V	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, MICHAEL	52. NAME	
STREET ADDRESS	346 MADISON AVE.	53. STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY 10017	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 1 (b)(7)(B), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

MICHAEL FLANAGAN - VP

2/8/95 212-682-8800

(Signature and typed or printed name of signing officer or director)