

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90031 040 \*\*\*150.00

**DOCUMENT # P16572**

1. Entity Name  
PIER 1 IMPORTS (U.S.), INC.



Principal Place of Business  
301 COMMERCE STREET, #600  
FT WORTH, TX 76102 US

Mailing Address  
301 COMMERCE STREET, #600  
P.O. BOX 961020  
FORT WORTH, TX 76161-0020 US

04012004



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-1673348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.  
1206 HAYS ST  
TALLAHASSEE, FL 32301

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GIROUARD, MARVIN J  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE DEV  
NAME TURNER, CHARLES H  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE EVS  
NAME LAWRENCE, J. RODNEY  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE EV  
NAME WEATHERLY, E. MITCHELL  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE EV  
NAME SCHNEIDER, PHIL R  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE VPT  
NAME COFFEY, J. GREGORY  
STREET ADDRESS 301 COMMERCE ST., STE 600  
CITY-ST-ZIP FORT WORTH, TX 76102

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4/1/04