

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 035 ***150.00

DOCUMENT # P16572

1. Entity Name

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



Principal Place of Business

100 RIERL PLACE
TAX DEPT
FT WORTH TX 76102
US

Mailing Address

PO BOX 961020
TAX DEPT
FORT WORTH TX 76161-0020
US



2. Principal Place of Business - No P.O. Box #

100 Pier 1 Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-1673348

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ALEXANDER W	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	DEV	<input type="checkbox"/> Delete
NAME	TURNER, CHARLES H	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CARTER, MICHAEL A	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	EV	<input type="checkbox"/> Delete
NAME	HUMENSKY, GREGORY S	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, PHIL R	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LASKO, EDWARD J	
STREET ADDRESS	100 PIER 1 PLACE	
CITY-ST-ZIP	FORT WORTH TX 76102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP-Tax
STREET ADDRESS	Michael L. Gilliland
CITY-ST-ZIP	100 Pier 1 Place Fort Worth Texas 76102

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael L. Gilliland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08

817-252-8205