SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P17048** **(0)**

1. Corporation Name
MOTHERS WORK, INC.

Principal Place of Business	Mailing Address
1309 NOBLE STREET. FL-5 **PHILADELPHIA PA 19123**	**1309 NOBLE STREET. FL-5** **PHILADELPHIA PA 19123**

3. Date Incorporated or Qualified: **12/04/1987**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 Mothers Wom Inc.	26 Mothers Wom Inc
Suite, Apt. #, etc. 22 456 North Fifth St.	Suite, Apt. #, etc. 27 456 North Fifth St.
City & State 23 Philadelphia PA	City & State 28 Philadelphia PA
Zip / Country 24 19123 / 25 U.S.A	Zip / Country 29 19123 / 30 USA

4. FEI Number: **13-3045573** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, type or print name of registered agent, and title if applicable (CR2E031, Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	President	☑ Change ☐ Addition
NAME	MATTHIAS, REBECCA C.		12 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		13 STREET ADDRESS	456 North Fifth Street	
CITY-ST-ZIP	PHILADELPHIA PA		14 CITY-ST-ZIP	Philadelphia, PA 19123	
TITLE	CEOD	☐ DELETE	21 TITLE	CEO	☑ Change ☐ Addition
NAME	MATTHIAS, DAN W.		22 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		23 STREET ADDRESS	456 North Fifth St.	
CITY-ST-ZIP	PHILADELPHIA PA		24 CITY-ST-ZIP	Philadelphia, PA 19123	
TITLE	D	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	GIBSON, VERNA		32 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		33 STREET ADDRESS	456 North Fifth St.	
CITY-ST-ZIP	PHILADELPHIA PA		34 CITY-ST-ZIP	Philadelphia, PA 19123	
TITLE	D	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	HITCHNER, ELAM		42 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		43 STREET ADDRESS	456 North Fifth St.	
CITY-ST-ZIP	PHILADELPHIA PA		44 CITY-ST-ZIP	Philadelphia, PA 19123	
TITLE	D	☐ DELETE	51 TITLE		☑ Change ☐ Addition
NAME	REGAN, JOHM		52 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		53 STREET ADDRESS	456 North Fifth St.	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	Philadelphia, PA 19123	
TITLE	V	☐ DELETE	61 TITLE	CFO	☑ Change ☐ Addition
NAME	FRANK, TOM		62 NAME		
STREET ADDRESS	1309 NOBLE STREET FL-5		63 STREET ADDRESS	456 North Fifth St	
CITY-ST-ZIP	PHILADELPHIA PA		64 CITY-ST-ZIP	Philadelphia, PA 19123	

CR2E034 (3/96)

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR