2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # P17048

1. Entity Name
MOTHERS WORK, INC.

Principal Place of Business	Mailing Address
456 NORTH FIFTH ST PHILADELPHIA, PA 19123 US	456 NORTH FIFTH ST PHILADELPHIA, PA 19123 US

05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3045573
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	MATTHIAS, DAN W
STREET ADDRESS	456 N. FIFTH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19123
TITLE	P
NAME	MATTHIAS, REBECCA C
STREET ADDRESS	456 N. FIFTH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19123
TITLE	T
NAME	KRELL, EDWARD M
STREET ADDRESS	456 NORTH FIFTH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19123
TITLE	S
NAME	MATTHIAS, DAN W
STREET ADDRESS	456 NORTH FIFTH ST
CITY-ST-ZIP	PHILADELPHIA, PA 19123
TITLE	EVPM
NAME	MANGINI, DAVID
STREET ADDRESS	456 NORTH 5TH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19123
TITLE	VPCM
NAME	LEIBACH, STUART
STREET ADDRESS	456 NORTH 5TH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19123

U00000565012
05/20/06-80038-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David L. Cruntight 5/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #