## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT #P17048** 04-16-2007 90086 021 \*\*\*150.00 1. Entity Name MOTHERS WORK, INC. 40000200 Principal Place of Business Mailing Address 456 NORTH FIFTH ST 456 NORTH FIFTH ST PHILADELPHIA, PA 19123 US PHILADELPHIA, PA 19123 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 13-3045573 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 City Zio Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD TITLE ☐ Delete HILE Change ☐ Addition MATTHIAS, DAN W NAME NAME STREET ADDRESS 456 N. FIFTH STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19123 CITY-S1-ZIE TITLE ☐ Delete TITLE ☐ Change Addition MATTHIAS, REBECCA C NAME NAME STREET ADDRESS 456 N. FIFTH STREET STREET ADDRESS PHILADELPHIA, PA 19123 City-St-ZiP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME KRELL, EDWARD M NAME STREET ADDRESS **456 NORTH FIFTH STREET** STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19123 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MATTHIAS, DAN W NAME NAME STREET ADDRESS 456 NORTH FIFTH ST STREET ADDRESS CHY-ST-ZIP PHILADELPHIA, PA 19123 CITY-ST-ZIP TITLE **EVPM** ☐ Delete TITLE Change ☐ Addition NAME MANGINI, DAVID NAME 456 NORTH 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19123 CITY-ST-ZIP VPCM ☐ Change Addition TITLE THE Delete LEIBACH, STUART NAME NAME 456 NORTH 5TH STREET STREET ADDRESS STREET ADORESS PHILADELPHIA, PA 19123 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

CAO

SIGNATURE:

4/11/27

Date

215-873-2200

Davime Phone #

FILED