## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P17048

FILED Apr 24, 2009 Secretary of State

Entity Name: DESTINATION MATERNITY CORPORATION

Entity Nar	ME: DESTINA	TION MATERNITY COR	PORATION				
Current P	rincipal Place	of Business:	New Pri	New Principal Place of Business:			
	H FIFTH ST PHIA, PA 191:	23 US					
Current M	ailing Addres	s:	New Ma	New Mailing Address:			
	H FIFTH ST PHIA, PA 191:	23 US					
FEI Number:	: 13-3045573	FEI Number Applied For (	) FEI Number Not Ap	oplicable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Age	nt: Name ar	nd Address of	New Registered Agent:		
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230						
	named entity s e of Florida.	submits this statement fo	r the purpose of changing	g its registered	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registere	ed Agent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution (	).				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOD () MATTHIAS, DAN 456 N. FIFTH S' PHILADELPHIA	TREET	Title: Name: Address: City-St-Zip	KRELL, EDW 456 N. FIFTH	STREET		
Title: Name: Address: City-St-Zip:	P () MATTHIAS, REE 456 N. FIFTH S' PHILADELPHIA	TREET	Title: Name: Address: City-St-Zip	MATTHIAS, R 456 N. FIFTH	STREET		
Title: Name: Address: City-St-Zip:	T () KRELL, EDWAF 456 NORTH FIF PHILADELPHIA	TH STREET	Title: Name: Address: City-St-Zip	TIRNAUER, JI 456 NORTH F	X) Change ()Addition JDD P IFTH STREET IA, PA 19123 US		
Title: Name:	S () MATTHIAS, DAN	Delete V W	Title: Name:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JUDD P. TIRNAUER T 04/24/2009

456 NORTH FIFTH ST

PHILADELPHIA, PA 19123 US

Address:

City-St-Zip: