FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

2-14-95 A-1177C

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:48

DOCUMENT # P20040 (2)

1. Corporation Name
CHECKLOT SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
233 BROADWAY. ATTN: S. TANNEN C/O RICHARD LASHLEY NEW YORK NY 10279 US	233 BROADWAY. ATTN: S. TANNEN C/O RICHARD LASHLEY NEW YORK NY 10279 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/13/1988
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-3462602 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SWAIN, EDGAR J.	12 NAME		
STREET ADDRESS	233 BROADWAY	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	CANNON, JOHN H.	22 NAME		
STREET ADDRESS	233 BROADWAY	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	SVPD	31 TITLE		☐ Change ☐ Addition
NAME	GEIST, JOSEPH	32 NAME		
STREET ADDRESS	233 BROADWAY	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	LEHRER, THOMAS J.	42 NAME		
STREET ADDRESS	233 BROADWAY	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	CLARKE, SHEILAGH M	52 NAME		
STREET ADDRESS	233 BROADWAY	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	TINO, ALFONSO	62 NAME	THOMAS HOLLAND	
STREET ADDRESS	233 BROADWAY	63 STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	NEW YORK NY 10279	

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in an attachment with an address.

SIGNATURE: T. M. Holland THOMAS HOLLAND 1/30/95 (212) 553-7068
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0484336 FN

WOOLWORTH CORPORATION

WOOLWORTH BUILDING
233 BROADWAY
NEW YORK, NEW YORK
10279-0003
TEL 212-553-2000

February 3, 1995

Department of State
Division of Corporations
Annual Report Section
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: Checklot Services Center, Inc.
FEIN: 13-3462602

Dear Sir/Madam:

Enclosed please find a completed 1995 Florida Annual Report for Checklot Service Center, Inc.

Also, enclosed please find a check in the amount of $200.00 in payment of filing fees.

Kindly acknowledge receipt on this letter and please return in the envelope enclosed for your convenience.

Sincerely,

Jeff Tribiano
Senior Tax Manager

Enclosure

JT:sc(1)