

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20089 (9)

1. Corporation Name

THE CHILDREN'S PLACE RETAIL STORES, INC.

Principal Place of Business

1 DODGE AVE
WEST CALDWELL NJ 07006
US

Mailing Address

1 DODGE DR
WEST CALDWELL NJ 07006
US



2. Principal Place of Business		2a. Mailing Address	
21	1 DODGE DRIVE	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/18/1988	03/28/1995
4. FEI Number	Applied For
31-1241495	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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 305
NORTH MIAMI BEACH FL 33162

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO	1.1 TITLE	COO
NAME	SILVER, STAN	1.2 NAME	SILVER, STAN
STREET ADDRESS	1 DODGE DR	1.3 STREET ADDRESS	ONE DODGE DRIVE
CITY-ST-ZIP	WEST CALDWELL NJ	1.4 CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	C	2.1 TITLE	
NAME	DABAH, EZRA	2.2 NAME	
STREET ADDRESS	ONE DODGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	CIAMPI, MARIO	3.2 NAME	
STREET ADDRESS	ONE DODGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S
NAME	WHIPPLE, LAWRENCE J	4.2 NAME	STEVEN BALASIANO
STREET ADDRESS	9 CAMPUS DRIVE	4.3 STREET ADDRESS	ONE DODGE DRIVE
CITY-ST-ZIP	PARSIPPANY NJ	4.4 CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	S	5.1 TITLE	
NAME	UDASIN, SETH	5.2 NAME	
STREET ADDRESS	ONE DODGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL NJ	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S
NAME	STEARNS, BETH R.	6.2 NAME	GERALD MODELL
STREET ADDRESS	9 CAMPUS DRIVE	6.3 STREET ADDRESS	10 ROCKEFELLER PLAZA
CITY-ST-ZIP	WEST CALDWELL NJ	6.4 CITY-ST-ZIP	NEW YORK, NY 10020

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)