**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

# FILED
# Apr 26, 1999 8:00 am
# Secretary of State

04-26-1999 90233 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20089

1. Corporation Name
THE CHILDREN'S PLACE RETAIL STORES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1 DODOGE DRIVE<br>WEST CALDWELL NJ 07006<br>US | 1 DODOGE DRIVE<br>WEST CALDWELL NJ 07006<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/18/1988

2. Principal Place of Business (21): 1 DODGE DRIVE
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): 1 DODGE DRIVE
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 31-1241495 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ 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 | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SILVER, STAN | | 1.2 NAME | | |
| STREET ADDRESS | 1 DODGE DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST CALDWELL NJ 07006 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CIAMPI, MARIO | | 2.2 NAME | | |
| STREET ADDRESS | ONE DODGE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST CALDWELL NJ 07006 | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BALASIANO, STEVEN | | 3.2 NAME | | |
| STREET ADDRESS | 1 DODOGE DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST CALDWELL NJ 07006 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TS | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | UDASIN, SETH | | 4.2 NAME | | |
| STREET ADDRESS | 1 DODOGE DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST CALDWELL NJ 07006 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STANLEY, SILVERSTEIN | | 5.2 NAME | | |
| STREET ADDRESS | 730 5TH AVE, 8TH FLOOR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NY NY 10019 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ODDI, DAVID | | 6.2 NAME | | |
| STREET ADDRESS | 667 MADISON AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NY NY 10021 | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 3/11/99 (973)227-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)