2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P20089 1. Entity Name THE CHILDREN'S PLACE RETAIL STORES, INC. 05-14-2002 90015 013 ***150.00 Principal Place of Business Mailing Address 915 SECAUCUS ROAD 915 SECAUCUS ROAD SECAUCUS NJ 07094 SECAUCUS, NJ 07094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1241495 Not Applicable Zip 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 Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD SUITE 508 **MIAMI FL 33156** Zip 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. 超温温温 ten materia da Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will the \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME DABAH, EZRA NAME STREET ADDRESS 915 SECAUCUS ROAD STREET ADDRESS CITY-ST-ZiP SECAUCUS NJ 07094 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CIAMPI, MARIO NAME STREET ADDRESS 915 SECAUCUS ROAD STREET ADDRESS CITY-ST-ZIP SECAUCUS NJ 07094 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALASIANO, STEVEN STREET ADDRESS 915 SECAUCUS ROAD STREET ADDRESS CITY-ST-ZIP SECAUCUS NJ 07094 CITY-ST-ZIP TS ☐ Delete TITLE ☐ Change ☐ Addition NAME UDASIN, SETH NAME STREET ADDRESS 915 SECAUCUS ROAD STREET ADDRESS CITY-ST-7IP SECAUCUS NJ 07094 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STANLEY, SILVERSTEIN NAME STREET ADDRESS 730 5TH AVE, 8TH FLOOR STREET ADDRESS CITY-ST-ZIP NY NY 10019 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ODDI, DAVID NAME STREET ADDRESS 667 MADISON AVE STREET ADDRESS

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NY NY 10021

CITY-ST-ZIP

Udasin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR