



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90294 042 \*\*\*150.00

<b>DOCUMENT # P26509</b> 1. Entity Name RUE21, INC.					
Principal Place of Business 155 THORN HILL RD. WARRENDALE, PA 15086-7527			Mailing Address 155 THORN HILL RD. WARRENDALE, PA 15086-7527		
2. Principal Place of Business 800 COMMONWEALTH DR Suite, Apt. #, etc. # 100		3. Mailing Address 800 COMMONWEALTH DR Suite, Apt. #, etc. 100			
City & State WARRENDALE PA		City & State WARRENDALE PA		03302006 Chg-P CR2E034 (11/05)	
Zip 15086		Country USA		4. FEI Number 25-1311645	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP <input type="checkbox"/> Delete FISCH, ROBERT 155 THORNHILL RD. WARRENDALE, PA 150867527		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TODD LENHART 800 COMMONWEALTH DR STE # 100 WARRENDALE PA 15086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete MCDONOUGH, KEITH 155 THORNHILL RD. WARRENDALE, PA 150867527		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MEGRUE, JOHN 262 HARBOR DRIVE STAMFORD, CT 06902		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete ODDI, DAVID 262 HARBOR DRIVE STAMFORD, CT 06902		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete MARSH, JOHN 155 THORN HILL ROAD WARRENDALE, PA 15086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>John V Mal</u> 4.3.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					