## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P26509**



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

1. Entity Name RUE21, IN							04-10-2006	90294 04	42 ***150.	00	
Principal Place of Business			Mailing Address					<b>.</b>			
155 THORN HILL RD. WARRENDALE, PA 15086-7527			155 THORN HILL RD. Warrendale, pa 15086-7527								
2. Principal Place of Business 800 COMMON WEALTH DR			3. Mailing Address 800 COMMON WEALTH DR								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302006	Chg-P	CR2E	34 (11/05)		
City & State WALKENDAUE PA			City & State WARRENDALE PA			4. FEI Numbe 25-131			<del>  -   -  </del>	plied For	
Zip Country 15086 USA		Zip Country 15086 USA			of Status Desired		\$8.75 Add	litional			
6. Name and Address of Current Ro						7. Name and	7. Name and Address of New Registered Agent				
NDALCED)	VICES INC	•		Na	ame						
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4			Str	Street Address (P.O. Box Number is Not Acceptable)							
WESTON,	FL 33331										
					ity			FL	Zip Code	е	
	named entity ions of registe		the purpose of changing its	registered of	ffice or regist	tered agent, or bo	th, in the State of F	lorida. Lam	familiar with,	and accept	
SIGNATURE_	Signature, typed o	y printed name of registered agent a	ng title if applicable. (NOTE	: Registered Agen	nt signature requi	ired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.											
				-		5.00 May Be dded to Fees					
After Ma		Fee will be \$550.0	Trust Fund Conti	ibution.		dded to Fees	CHANGES TO OF	FICERS AN	D DIBECTOR	S IN 13	
			Trust Fund Conti	-	A A	dded to Fees	CHANGES TO OF	FICERS AN	D DIRECTOR:		
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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.

SIGNATURE:

John VM L 4.3.06
granture and typed or printed name of signing officer or director

Date

Daytime Phone #