

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 041 ***150.00

DOCUMENT # P32468

1. Entity Name
ETHAN ALLEN RETAIL, INC.



Principal Place of Business Mailing Address
ATTN: TAX DEPT **ATTN: TAX DEPT**
ETHAN ALLEN DRIVE, P.O. BOX 1966 **ETHAN ALLEN DRIVE, P.O. BOX 1966**
DANBURY, CT 06813-1966 US **DANBURY, CT 06813-1966 US**

46002209



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

03112008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
06-1273300 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD KATHWARI, M. FAROOQ**
STREET ADDRESS **ETHAN ALLEN DR.**
CITY-ST-ZIP **DANBURY, CT**

TITLE ☐ Delete
NAME **GCS BANKS, PAMELA A**
STREET ADDRESS **ETHAN ALLEN DR.**
CITY-ST-ZIP **DANBURY, CT 06813**

TITLE ☐ Delete
NAME **VPF HOYT, JEFFREY**
STREET ADDRESS **ETHAN ALLE DR.**
CITY-ST-ZIP **DANBURY, CT 06813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VPF CALLEN, DAVID R.**
STREET ADDRESS **Ethan Allen Dr**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

203-743-8000

Daytime Phone #

V.P. FINANCE & TREASURER