FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:31

DOCUMENT # P35090 (0)

1. Corporation Name
THE CASUAL MALE, INC.

Principal Place of Business	Mailing Address
C/O J.BAKER INC. 555 TURNPIKE STREET CANTON MA 02021	C/O J.BAKER INC. 555 TURNPIKE STREET CANTON MA 02021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 04-3102315 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, SHERMAN N.	1.2 NAME	
STREET ADDRESS	780 BOYLSTON ST., #122	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	SOCOL, JERRY	2.2 NAME	
STREET ADDRESS	190 MARLBORO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, ALAN I.	3.2 NAME	
STREET ADDRESS	81 BISHOP ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, LARRY	4.2 NAME	
STREET ADDRESS	13 HEMLOCK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESSEX CT	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, PHILIP G.	5.2 NAME	
STREET ADDRESS	36 CASTLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, PHILIP G.	6.2 NAME	
STREET ADDRESS	36 CASTLE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Philip G. Rosenberg Assistant Secretary (617) 828-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473404 FP