

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37408** (2)

1. Corporation Name

ARROW FACTORY STORES INC.

Principal Place of Business

**4150 BOULDER RIDGE DRIVE
ATLANTA GA 37902
US**

Mailing Address

**77 METROWAY
SECAUCUS NJ 07094
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **49 W. 45th ST**

27 Suite, Apt. #, etc.

6th Floor

28 City & State

NY, NY

29 Zip Country

10036 USA

3. Date Incorporated or Qualified

02/07/1992

3a. Date of Last Report

04/04/1995

4. FEI Number

22-3125042

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and date of signature

(Print) Registered Agent's name and date of signature

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☒ DELETE

NAME **D ZELNIK, M.**
STREET ADDRESS **575 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ DELETE

NAME **VPT BOLT, A.J.**
STREET ADDRESS **77 METROWAY**
CITY-ST-ZIP **SECAUCUS NJ**

TITLE ☒ DELETE

NAME **P MARRON, S.**
STREET ADDRESS **4150 BOULDER RIDGE DRIVE**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☒ DELETE

NAME **VAS BECK, T.**
STREET ADDRESS **4150 BOULDER RIDGE DRIVE**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **S KAUFMAN, S.**
STREET ADDRESS **49 W. 45TH DR.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **T BERNICE, A.**
STREET ADDRESS **77 METRO WAY**
CITY-ST-ZIP **SECAUCUS NJ**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **MARSHAL, B**
1.4 CITY-ST-ZIP **575 FIFTH AVE**
NY, NY 10017

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **TRASULER**
2.3 STREET ADDRESS **WHITE, S**
2.4 CITY-ST-ZIP **4150 Boulder Ridge Dr**
ATLANTA, GA

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **PRESIDENT**
3.3 STREET ADDRESS **GUANS, E**
3.4 CITY-ST-ZIP **575 FIFTH AVE**
NY, NY 10036

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VP**
4.3 STREET ADDRESS **RIESBACK, R**
4.4 CITY-ST-ZIP **4150 Boulder Ridge Dr.**
ATLANTA, GA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Asst Treasurer**
6.3 STREET ADDRESS **49 W. 45th ST**
6.4 CITY-ST-ZIP **NY, NY 10036**

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)(k), 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:

A. D. Bernice

Asst Treasurer

4-17-96

(212) 930-3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)