2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P37408 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name ARROW FACTORY STORES INC. 04-18-2000 90169 039 ***150.00 Principal Place of Business Mailing Address 4150 BOULDER RIDGE DRIVE 48 W 38TH STREET ATLANTA GA 30336 NEW YORK NY 10018-6248 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 22-3125042 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 ☐ Delete ☐ Change Addition TITLE TITLE MARSAL, B. NAME NAME STREET ADDRESS 48 N 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORI NY 10018** VICE PERSIDENT / TREASURTE Change Change Addition ☐ Delete TITLE TITLE WHITE S. NAME NAME 4150 ROULDER RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30336 ☐ Change Addition ☐ Delete TITLE TITLE NAME ROSS, I. NAME STREET ADDRESS STREET ADDRESS 48 N 38TH STREET **NEW YORK NY 10018** CITY-ST-ZIP CITY-ST-7(P SECRETARY 14 Change ☐ Addition ☐ Delete TITLE Coleman, 5 ta St. 48 West 38ta St. NAME KAUFMAN, S. NAME 49 W. 45TH DR. STREET ADDRESS STREET ADDRESS New York, N.Y. 10018 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** Delete ☐ Change Addition TITLE TITLE BERNICE, A. NAME STREET ADDRESS STREET ADDRESS 48 W 38TH STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10018** Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GONBEING PROUBED

4.10.00

Date Daytime Phone to