## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2001 8:00 am Secretary of State DOCUMENT # P37408 1. Entity Name 05-21-2001 90348 023 \*\*\*150.00 Arrow Factory Stores Inc. Principal Place of Business 48 Wi 38th St. Same 768628 New York, N'4. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name The Prentice Hall Corporation 1201 Hays Street, Suite 105 Tallahassee FL 32301 Street Address (P.O. Box Number is Not Acceptable) City 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 SIGNATURE (NOTE: Registers of Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE 'S'\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (11/00) TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition NAME NAME 8 W. 38 St. STREET ADORESS STREET I ADDRESS CITY-ST-71P CITY - ST - ZIP Delete TITLE [ ] Change ☐ Addition TILE NAME NAME W. 385T. STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-1:17-71P CITY-ST-ZIP NY 10018 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY - ST- 71P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing 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 signal are 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.

CITY, ST-ZIP

SIGNATURE:

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