FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90101 019 ***150.00

763382

DOCUMENT # P37408

1. Entity Name
Arrow Factory Stores, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
48 West 38th St.	Same
Suite, Apt. #, etc.: 8th Fl	Suite, Apt. #, etc.:
City & State: New York	City & State:
Zip: NY / Country: USA	Zip: / Country:

4. FEI Number: 22-3125042 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: The Prentice Hall CorporationSystem, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St Suite 105
City: Tallahassee **FL** Zip Code: 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	Pres./Dir.	TITLE	
NAME	Marsal, B.	NAME	
STREET ADDRESS	48 West 38th Street	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10018	CITY - ST - ZIP	
TITLE	Treas.	TITLE	
NAME	Bernice, A.	NAME	
STREET ADDRESS	48 West 38th Street	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10018	CITY - ST - ZIP	
TITLE	Secretary	TITLE	
NAME	48 West 38th Street	NAME	
STREET ADDRESS	New York, NY 10018	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: A.P. Bernice Anthony Bernice 212.883.4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1