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 14 PM 12:50

DOCUMENT # P37427 (2)

1. Corporation Name
GOODY'S FAMILY CLOTHING, INC.

Principal Place of Business	Mailing Address
400 GOODY'S LANE KNOXVILLE TN 37922-1900 US	P.O. BOX 22000 KNOXVILLE TN 37933-2000 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 03/04/1994
4. FEI Number: 62-0793974 ☐ 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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V.P./CFO/Secretary	☐ Change ☒ Addition
NAME	GOODFRIEND, ROBERT	12 NAME	Edward R. Carlin	
STREET ADDRESS	400 GOODY'S LANE	13 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	14 CITY-ST-ZIP	Knoxville, TN	
TITLE	VD	21 TITLE	President & COO	☐ Change ☒ Addition
NAME	RUBIN, GEORGE	22 NAME	Call, Harry M.	
STREET ADDRESS	400 GOODY'S LANE	23 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	24 CITY-ST-ZIP	Knoxville, TN	
TITLE	V	31 TITLE	Delete	☐ Change ☐ Addition
NAME	THOMPSON, JOHN	32 NAME	Thompson, John	
STREET ADDRESS	400 GOODY'S LANE	33 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	34 CITY-ST-ZIP	Knoxville, TN	
TITLE	V	41 TITLE	Delete	☐ Change ☐ Addition
NAME	GRIFFITHS, ARTHUR	42 NAME	Rubin, George	
STREET ADDRESS	400 GOODY'S LANE	43 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	44 CITY-ST-ZIP	Knoxville, TN	
TITLE	S	51 TITLE	Delete	☐ Change ☐ Addition
NAME	WEAVER, SALLY	52 NAME	Weaver, Sally	
STREET ADDRESS	400 GOODY'S LANE	53 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	54 CITY-ST-ZIP	Knoxville,TN	
TITLE	PD	61 TITLE	Delete	☐ Change ☐ Addition
NAME	JENKINS, ROGER	62 NAME	Jenkins, Roger	
STREET ADDRESS	400 GOODY'S LANE	63 STREET ADDRESS	400 Goody's Lane	
CITY-ST-ZIP	KNOXVILLE TN	64 CITY-ST-ZIP	Knoxville, TN	

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: EDWARD CARLIN EXEC V.P. 2/1/95 (615)966-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #

0478003 FP