


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90028 043 ***150.00

DOCUMENT # P37427 1. Entity Name GOODY'S FAMILY CLOTHING, INC.	
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Principal Place of Business 400 GOODY'S LANE KNOXVILLE, TN 37922-1900 US	Mailing Address P.O. BOX 22000 KNOXVILLE, TN 37933-2000 US
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94041158

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number 62-0793974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO GOODFRIEND, ROBERT 400 GOODY'S LANE KNOXVILLE, TN 37922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Senior VP/CAO David Peek 400 Goody's Lane Knoxville, TN 37922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KRAUTER, LONA CAIN 400 GOODY'S LANE KNOXVILLE, TN 37922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Open	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP CARLIN, EDWARD R 400 GOODY'S LANE KNOXVILLE, TN 37922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP/T Richard Gatian 400 Goody's Lane Knoxville, TN 37922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TURNBULL, CHERYL L 100 EAST BROAD STREET COLUMBUS, OH 43220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Irwin Lowenstein 2060 Peachtree Road, # 22H Atlanta, GA 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FURROW, SAMUEL J 2633 KINGSTON PIKE KNOXVILLE, TN 37919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KOPPEL, ROBERT PO BOX 15010 KNOXVILLE, TN 37901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Gatian 3/10/04 (865) 946-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #