## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P37427

Entity Name: GOODY'S FAMILY CLOTHING, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 GOODY'S LANE KNOXVILLE, TN 379221900 US **Current Mailing Address: New Mailing Address:** P.O. BOX 22000 KNOXVILLE, TN 379332000 US FEI Number: 62-0793974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DABAH, ISSAC Name: Name: 400 GODDY'S LN Address: Address: City-St-Zip: KNOXVILLE, TN 37922 US City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: MERSHAD, FREDERICK J Name: KWAN, MARY 400 GOODY'S LANE 400 GOODY'S LANE Address: Address: KNOXVILLE, TN 37922 US KNOXVILLE, TN 37922 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition PEEK, DAVID G Name: Name: 400 GOODY"S LANE Address: Address: City-St-Zip: KNOXVILLE, TN 37922 US City-St-Zip: Title: () Delete Title: () Change () Addition ZIMMERMAN, MICHAEL Name: Name: Address: 623 5TH AVE 32ND FLOOR Address: City-St-Zip: NEW YORK, NY 10017 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition MILANESE, GINA Name: Name: 400 GOODY'S LN Address: Address: City-St-Zip: KNOXVILLE, TN 37922 US City-St-Zip: Title: ( ) Delete Title: CEO (X) Change ( ) Addition GATIAN, RICHARD E Name: Name: TURLINSKI, CHARLES 400 GOODY'S LN Address: Address: 400 GOODY'S LN City-St-Zip: KNOXVILLE, TN 37922 US City-St-Zip: KNOXVILLE, TN 37922 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W MONGIN AS 04/28/2008