SIGNATURE:

## 2001 UNIFORM BUSINESS REPORT (UBR)

| 2001 UNIFORM BUSINESS REPORT (UBR)   |  |   |  |            |  |   |   | FILED Jul 31, 2001 8:00 am              |                   |                            |                 |  |
|--|--|---|--|------------|--|---|---|---|-------------------|----------------------------|-----------------|--|
| DOCUMENT # P9800094655  1. Entity Name BURLINGTON COAT FACTORY WAREHOUSE OF ALTAMONTE, |  |   |  |            |  |   | Secretary of State 07-31-2001 90238 011 ***550.00 |   |                   |                            |                 |  |
|  |  |   |  |            | ,  | /   |   |   |                   |                            |                 |  |
| Principal Place of Business Mailing Address  |  |   |  |            |  | _   |   |   |                   |                            |                 |  |
| 1830 ROUTE<br>C/O TAX DE<br>BURLINGTON<br>US   | PARTMENT   |   | 1830 ROUTE 130 N<br>C/O TAX DEPARTMENT<br><i>BURLINGTON NJ 08016</i><br>US   |            |  |   |   |   |                   |                            |                 |  |
| 2. Principal F   | Place of Business  |   | 3. Mailing Address   |            | 18   |   |   | 140 I <b>uiu</b> i 1 <b>4</b> 01 0030 ( | IONN ONAN BOND H  | ANG <b>B</b> angan Bandh I | HIKOH BAHA HOOK |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |   |  |            |  |   | DO NOT WRITE IN THIS SPACE                        |   |                   |                            |                 |  |
| City & Stat  | e  |   | City & State   |            |  | 4.  | FEI Number  | 59-354247                               | 9                 | <u> </u>                   | plied For       |  |
| Zip  | Zip Country  |   | Zip  | гу         | 5.   | Certificate o                               | f Status Desired                                  |   | 8.75 Add          | litional                   |                 |  |
| 6. Name and Address of Current Registered Agent  |  |   |  |            |  | 7. Name and Address of New Registered Agent |   |   |                   |                            |                 |  |
|  |  |   |  |            | Name   |   |   |   |                   |                            |                 |  |
| OLIVER, DON<br>12801 WEST SUNRISE BLVD.  |  |   |  |            | Street Address (P.O. Box Number is Not Acceptable) |   |   |   |                   |                            |                 |  |
| SUNRISE FL 33323   |  |   |  |            | 0.1  |   |   |   |                   | 7 0 4                      |                 |  |
|  |  |   |  |            | City   |   |   |   | FL                | Zip Code                   | <b>)</b>        |  |
| Tax filing i   | oration is eligible to strequirement and eleria on back) |   | FILE NOW!  After September 12  Make Check Payab  | !! FEE     | ee will be \$7                                     | 750.00                                      | <b>10.</b> Elec                                   | tion Campaign F<br>t Fund Contribut     |                   |                            | May Be          |  |
| 11.  | · · · · · · · · · · · · · · · · · · ·                    | OFFICERS AND DIR                                |  | 12.        |  |   | L<br>DDITIONS/C                                   | HANGES TO OF                            | FICERS AND        | DIRECTORS                  | 3IN 11          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>MILSTEIN, MON<br>1830 ROUTE 13<br>BURLINGTON N     | 0 N   | ☐ Delete   |            |  |   |   |   |                   | Change                     | Addition        |  |
| TITLE  | SDVP   |   | ☐ Delete   | TITLE      | <del></del>  | •   |   |   |                   | Change                     | Addition        |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MILSTEIN, ANDI   | 0 NORTH   |  |            | T ADDRESS<br>ST-ZIP                                |   |   |   |                   |                            |                 |  |
| TITLE<br>NAME  | Burlington N<br>TDVP<br>Milstein, Stef                   |   | ☐ Delete   | TITLE      |  |   |   |   |                   | ☐ Change                   | Addition        |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1830 ROUTE 13<br>BURLINGTON N                            | 0 N   |  |            | ET ADDRESS<br>ST-ZIP                               |   |   |   |                   |                            |                 |  |
| TITLE<br>NAME  | CFO<br>LAPENTA, ROBI                                     |   | ☐ Delete   | TITLE      |  |   |   | <u> </u>                                |                   | ☐ Change                   | Addition        |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1830 ROUTE 13<br>BURLINGTON N                            |   |  |            | T ADDRESS<br>ST-ZIP                                |   |   |   |                   |                            |                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AS<br>MILSTEIN, HENI<br>1830 ROUTE 13                    | 10 N  | ☐ Delete   |            | l l  |   |   |   |                   | ☐ Change                   | Addition        |  |
| TITLE<br>NAME  | <u>BURLINGTON N</u>                                      | N 00010   | ☐ Delete   | TITLE      |  |   |   | ·- <u>-</u> -                           |                   | Change                     | ☐ Addition      |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | <u> </u>   |   |  |            | T ADDRESS<br>ST-ZIP                                |   |   |   |                   |                            |                 |  |
| indicated<br>of the cor  | on this report or sup<br>poration or the rece            | oplemental report is tru<br>ver or trustee empo | s filing does not qualify for<br>e and accurate and that me<br>red to execute this report<br>other like empowered. | ny signatu | ire shall have t                                   | the same                                    | e legal effect :                                  | as if made unde                         | r oath: that I ar | n an officer               | or director     |  |