

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96535

Entity Name: DAVID'S BRIDAL, INC.

Current Principal Place of Business:

1001 WASHINGTON STREET
CONSHOHOCKEN, PA 19428

Current Mailing Address:

1001 WASHINGTON STREET
CONSHOHOCKEN, PA 19428

FEI Number: 65-0214563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title DIRECTOR
Name PRESSLER, PAUL S
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name SCHNALL, RICHARD J
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title SVP - FINANCE
Name WALKER, GARY
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title SEC
Name KINKADE, LORI
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name GIURICEO, KENNETH A
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name KIRTON, MICHAEL
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT / CEO / DIRECTOR
Name WALLACK, PAMELA
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title EXEC VP / CFO
Name HILSON, JOAN
Address 1001 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

I hereby 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 all other like empowered.

SIGNATURE: GARY WALKER

SVP - FINANCE

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date