

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000035984

Entity Name: BURLINGTON COAT FACTORY OF TEXAS, INC.**Current Principal Place of Business:**1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**Current Mailing Address:**1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016 US**FEI Number:** 20-4633830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO
Name	O'SULLIVAN, MICHAEL
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	TREASURER, DIRECTOR, VP
Name	GLICK, DAVID
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	SECRETARY
Name	LEU, KAREN
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	ASST. SECRETARY, VP
Name	SCHAUB, CHRISTOPHER
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	VP
Name	DAGA, SHOBNA
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	DIRECTOR
Name	WOLFE, KRISTIN
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	DIRECTOR
Name	AERTKER, GAYLE
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

Title	VP
Name	LAUB, JEFF
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016

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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: CHRISTOPHER SCHAUB

VICE PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	CIOCCO, SCOTT
Address	1830 ROUTE 130 NORTH
City-State-Zip:	BURLINGTON NJ 08016