

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17048

Entity Name: DESTINATION MATERNITY CORPORATION**Current Principal Place of Business:**456 N. 5TH ST.
PHILADELPHIA, PA 19123**Current Mailing Address:**456 N. 5TH ST.
PHILADELPHIA, PA 19123 US**FEI Number: 13-3045573****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	CEO, DIRECTOR
Name	KRELL, EDWARD M
Address	456 N. FIFTH STREET
City-State-Zip:	PHILADELPHIA PA 19123

Title	SECRETARY, VP, GENERAL COUNSEL
Name	MASCIANTONIO, RONALD J
Address	456 NORTH FIFTH ST
City-State-Zip:	PHILADELPHIA PA 19123

Title	TREASURER, ASST. SECRETARY, CFO, SENIOR VICE PRESIDENT
Name	TIRNAUER, JUDD P
Address	456 NORTH FIFTH STREET
City-State-Zip:	PHILADELPHIA PA 19123

Title	CHAIRMAN
Name	HITCHNER, ELAM M III
Address	456 NORTH 5TH STREET
City-State-Zip:	PHILADELPHIA PA 19123

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: RONALD J. MASCIANTONIO**SECRETARY****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date