

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17048

Entity Name: DESTINATION MATERNITY CORPORATION**Current Principal Place of Business:**232 STRAWBRIDGE DRIVE
MOORESTOWN, NJ 08057**Current Mailing Address:**232 STRAWBRIDGE DRIVE
MOORESTOWN, NJ 08057 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	DIRECTOR
Name	WINDAL, ANNE-CHARLOTTE
Address	232 STRAWBRIDGE DRIVE
City-State-Zip:	MOORESTOWN NJ 08057

Title	CEO, DIRECTOR, PRESIDENT
Name	RYAN, MARLA A.
Address	232 STRAWBRIDGE DRIVE
City-State-Zip:	MOORESTOWN NJ 08057

Title	TREASURER, CHIEF ACCOUNTING OFFICER, SENIOR VICE PRESIDENT
Name	SCHRIVER, ROD
Address	232 STRAWBRIDGE DRIVE
City-State-Zip:	MOORESTOWN NJ 08057

Title	SECRETARY, SENIOR VICE PRESIDENT
Name	MCCRACKEN, THOMAS
Address	232 STRAWBRIDGE DRIVE
City-State-Zip:	MOORESTOWN NJ 08057

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: THOMAS MCCRACKEN**SECRETARY****01/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date