

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004675

FILED  
May 06, 2008  
Secretary of State

Entity Name: VERA BRADLEY DESIGNS INC

## Current Principal Place of Business:

2208 PRODUCTION ROAD  
FORT WAYNE, IN 46808

## New Principal Place of Business:

## Current Mailing Address:

2208 PRODUCTION ROAD  
FORT WAYNE, IN 46808

## New Mailing Address:

FEI Number: 35-1556781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BAEKGAARD, BARB  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

Title: PD ( ) Delete  
Name: MILLER, PATRICIA  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

Title: D ( ) Delete  
Name: MILLER, MIKE  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

Title: D ( ) Delete  
Name: HALL, BOB  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

Title: V ( ) Delete  
Name: MACK, KIM  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

Title: T ( ) Delete  
Name: TRAYLOR, DAVID  
Address: 2208 PRODUCTION ROAD  
City-St-Zip: FORT WAYNE, IN 46808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID TRAYLOR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

05/06/2008

\_\_\_\_\_  
Date