

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003219

FILED
Mar 25, 2009
Secretary of State

Entity Name: CC OUTLET, INC.

Current Principal Place of Business:

2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 13-3966497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: SOLOMON, SAM
Address: 3600 N HYDRAULIC
City-St-Zip: WICHITA, KS 67219

Title: VP () Delete
Name: TOTTE, ROBERT P
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: SC () Delete
Name: RAZA, SALEENA W
Address: 3600 N HYDRAULIC
City-St-Zip: WICHITA, KS 67219

Title: VPT () Delete
Name: ASTKEN, IAN
Address: 555 THEODORE FREEND AVE
City-St-Zip: RYE, NY 10580

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: SOLOMON, SAM
Address: 3600 N HYDRAULIC
City-St-Zip: WICHITA, KS 67219

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

Title: S (X) Change () Addition
Name: RAZA, SALEENA W
Address: 3600 N HYDRAULIC
City-St-Zip: WICHITA, KS 67219

Title: TD (X) Change () Addition
Name: ASTKEN, IAN
Address: 555 THEODORE FREEND AVE
City-St-Zip: RYE, NY 10580

Title: D () Change (X) Addition
Name: FRANKLIN, MARTIN E
Address: 555 THEODORE FREEND AVE
City-St-Zip: RYE, NY 10580

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: ROBERT P TOTTE

VP

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date