


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P31588


1. Entity Name
THE TALBOTS, INC.



Principal Place of Business
**175 BEAL STREET
 HINGHAM, MA 02043**

Mailing Address
**175 BEAL STREET
 HINGHAM, MA 02043**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1111318 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000156553
 05/05/04-80082-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ZETCHER, ARNOLD B. 175 BEAL STREET HINGHAM, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BOSWORTH, HAROLD B 175 BEAL ST HINGHAM, MA 02043 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP KASTNER, PAUL V 175 BEAL ST HINGHAM, MA 02043 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MANDELL, MICHELE 175 BEAL ST. HINGHAM, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT LARSEN, EDWARD 175 BEAL STREET HINGHAM, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS O'CONNELL, RICHARD 175 BEAL STREET HINGHAM, MA |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Edward L. Larsen* **Edward L. Larsen** 4/28/04 781-749-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #