


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 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**



04262005 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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**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

**DO NOT WRITE IN THIS SPACE**

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 05/05/05-80001-015 150.00

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 Larsen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 781-749-7600  
 Date Daytime Phone #