



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P31588 1. Entity Name THE TALBOTS, INC.	
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Principal Place of Business 175 BEAL STREET HINGHAM, MA 02043	Mailing Address 175 BEAL STREET HINGHAM, MA 02043
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1111318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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U00000761893
05/25/07-80073-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/26/07 781-749-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #