


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 048 \*\*\*150.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04222008	Chg-P CR2E034 (12/06)
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		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZETCHER, ARNOLD B.	NAME	Sullivan, Trudy F.
STREET ADDRESS	175 BEAL STREET	STREET ADDRESS	175 Beal St.
CITY-ST-ZIP	HINGHAM, MA	CITY-ST-ZIP	Hingham, MA 02043
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSWORTH, HAROLD B	NAME	Kowalczyk, Philip H.
STREET ADDRESS	175 BEAL ST	STREET ADDRESS	175 Beal St.
CITY-ST-ZIP	HINGHAM, MA 02043	CITY-ST-ZIP	Hingham, MA 02043
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTNER, PAUL V	NAME	
STREET ADDRESS	175 BEAL ST	STREET ADDRESS	
CITY-ST-ZIP	HINGHAM, MA 02043	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, MICHELE	NAME	
STREET ADDRESS	175 BEAL ST.	STREET ADDRESS	
CITY-ST-ZIP	HINGHAM, MA	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, EDWARD	NAME	
STREET ADDRESS	175 BEAL STREET	STREET ADDRESS	
CITY-ST-ZIP	HINGHAM, MA	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, RICHARD	NAME	
STREET ADDRESS	175 BEAL STREET	STREET ADDRESS	
CITY-ST-ZIP	HINGHAM, MA	CITY-ST-ZIP	
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: <u>Edward L. Larsen</u>		Date: <u>4/22/08</u> Daytime Phone #: <u>781-749-7600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			