

Filing Fee: \$50.00

ID Number: 11659610



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Jones Management Service Company
2. The fictitious business name to be used is JAG MANAGEMENT SERVICE COMPANY
3. The state or territory under the laws of which it is incorporated, organized or formed is Delaware
4. The date of incorporation, organization or formation is October 7, 1998
5. If a business corporation, the address of its registered office within Rhode Island is Corporation Service Company 170 Westminster Street, Suite 900, Providence, RI 02903
6. If a business corporation, the business in which it is engaged To employ retail sales specialists to rotate among third party department store locations
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: February 16, 2001

Jones Management Service Company
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / President
Signature of Officer for the Corporation Title

By _____
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

FILED
JUN 13 2001
BY [Signature]

RECEIVED
OFFICE OF THE SECRETARY OF STATE
JUN 13 12 07 PM '01

MAY 4 12 02 PM '01



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

