

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001655

FILED
Apr 28, 2008
Secretary of State

Entity Name: LUCKY BRAND DUNGAREES STORES, INC.

Current Principal Place of Business:

1 CLAIBORNE AVENUE, 8TH FLOOR
NORTH BERGEN, NJ 07047

New Principal Place of Business:

1 CLAIBORNE AVENUE, 8TH FLOOR
TAX DEPT 8TH FLOOR
NORTH BERGEN, NJ 07047

Current Mailing Address:

1 CLAIBORNE AVENUE, 8TH FLOOR
NORTH BERGEN, NJ 07047

New Mailing Address:

1 CLAIBORNE AVENUE, 8TH FLOOR
TAX DEPT 8TH FLOOR
NORTH BERGEN, NJ 07047

FEI Number: 22-3687295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CHARRON, PAUL R
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: CEO () Delete
Name: MONTESANO, GENE
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: P () Delete
Name: PERLMAN, BARRY
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: V () Delete
Name: SCARPA, MICHAEL
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: VCFO () Delete
Name: MERRILL, TRENT D
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: T () Delete
Name: VILL, ROBERT
Address: 1 CLAIBORNE AVENUE
City-St-Zip: NORTH BERGEN, NJ 07047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MCCOMB, WILLIAM L
Address: ONE CLAIBORNE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WEISZ

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date