

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90182 043 \*\*\*150.00

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**DOCUMENT # F00000003404**

1. Entity Name  
**BURBERRY LIMITED CO.**

Principal Place of Business  
**1350 AVENUE OF THE AMERICAS  
 NEW YORK NY 10019**

Mailing Address  
**1350 AVENUE OF THE AMERICAS  
 NEW YORK NY 10019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **13-2673527**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VLASEWICZ, EUGENIA</b>	
STREET ADDRESS	<b>1350 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WYGODA, JOSEPH</b>	
STREET ADDRESS	<b>1350 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHENBERG, PETER</b>	
STREET ADDRESS	<b>1350 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BARNETT, VICTOR</b>	
STREET ADDRESS	<b>1350 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAVO, ROSE M</b>	
STREET ADDRESS	<b>1350 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joseph Wygoda VP*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/23/02** Daytime Phone #: **212 757 3700**

CR2E034 (9/01)