

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007130

FILED  
Mar 13, 2012  
Secretary of State

Entity Name: EMILIO PUCCI, LTD., CORP.

**Current Principal Place of Business:**

19 EAST 57TH STREET  
8TH FLOOR  
NEW YORK, NY 10022 US

**New Principal Place of Business:**

**Current Mailing Address:**

19 EAST 57TH STREET  
8TH FLOOR  
NEW YORK, NY 10022 US

**New Mailing Address:**

FEI Number: 13-3356103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: VP/D  
Name: PUCCI, LAUDOMIA  
Address: PALAZZO PUCCI VIA DE PUCCI 6  
City-St-Zip: FIRENZE, IA 50122 IT

Title: SVP  
Name: BERNASCONI, CINZIA  
Address: 19 EAST 57TH ST 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: D  
Name: CARRA, ALESSANDRA  
Address: PALAZZO PUCCI VIA DE PUCCI 6  
City-St-Zip: FIRENZE, IA 50122 IT

Title: SEC  
Name: FIRESTONE, LOUISE  
Address: 19 EAST 57TH ST  
City-St-Zip: NEW YORK, NY 10022 US

Title: TREA  
Name: PIN-CLARET, PHILIPPE  
Address: 19 E 57TH STREET 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

I hereby 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 all other like empowered.

SIGNATURE: PHILIPPE PIN-CLARET

TREA

03/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date