

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002397

FILED
Feb 27, 2012
Secretary of State

Entity Name: FENDI NORTH AMERICA, INC.

Current Principal Place of Business:

677 FIFTH AVENUE
4TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

19 EAST 57TH STREET
5TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3485176 **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 323012525 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: D/CE
Name: BECCARI, PIETRO
Address: 677 FIFTH AVENUE, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P
Name: VAN PRAAGH, STACY
Address: 677 FIFTH AVENUE, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: TREA
Name: HERNANDEZ, GUALBERTO
Address: 677 FIFTH AVENUE, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: TOLEDANO, SIDNEY
Address: 677 FIFTH AVENUE, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: S
Name: FIRESTONE, LOUISE
Address: 19 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: FORTUNATO, PHILIPPE
Address: 677 FIFTH AVENUE, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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: LOUISE FIRESTONE

S

02/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date