

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P26438** (2)

1. Corporation Name  
**LCI HOLDINGS, INC.**



Principal Place of Business: **ONE CLAIBORNE AVE ATTN: TAX DEPT N BERGEN NJ 07047**  
Mailing Address: **ONE CLAIBORNE AVE ATTN: TAX DEPT N BERGEN NJ 07047**

3. Date Incorporated or Qualified: **10/12/1989**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **13-3423562**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                     |  |
|-----------------|---------------------|--|
| TITLE           | CD                  | <input type="checkbox"/> DELETE            |
| NAME            | CHAZEN, JEROME A.   |  |
| STREET ADDRESS  | 5 WAGON WHEEL DR.   |  |
| CITY - ST - ZIP | NEW CITY NY 10956   |  |
| TITLE           | T                   | <input type="checkbox"/> DELETE            |
| NAME            | MCKEAN, ROBERT      |  |
| STREET ADDRESS  | 15 SHERWOOD ST.     |  |
| CITY - ST - ZIP | HUNTINGTON NY 11743 |  |
| TITLE           | VS                  | <input type="checkbox"/> DELETE            |
| NAME            | MILLER, SAMUEL      |  |
| STREET ADDRESS  | 5 E. RIDGE RD.      |  |
| CITY - ST - ZIP | STAMFORD CT 06903   |  |
| TITLE           | VS                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | KRIEGER, WALTER L.  |  |
| STREET ADDRESS  | 6 KAREN LANE        |  |
| CITY - ST - ZIP | EMERSON NJ 07630    |  |
| TITLE           |                     | <input type="checkbox"/> DELETE            |
| NAME            |                     |  |
| STREET ADDRESS  |                     |  |
| CITY - ST - ZIP |                     |  |
| TITLE           |                     | <input type="checkbox"/> DELETE            |
| NAME            |                     |  |
| STREET ADDRESS  |                     |  |
| CITY - ST - ZIP |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                  |  |
|---------------------|------------------|--|
| 1.1 TITLE           | VIC CHAIRMAN     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | CHAZEN, PAUL R.  |  |
| 1.3 STREET ADDRESS  | 70 OX RIDGE LANE |  |
| 1.4 CITY - ST - ZIP | DARIEN CT 06820  |  |
| 2.1 TITLE           |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                  |  |
| 2.3 STREET ADDRESS  |                  |  |
| 2.4 CITY - ST - ZIP |                  |  |
| 3.1 TITLE           |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                  |  |
| 3.3 STREET ADDRESS  |                  |  |
| 3.4 CITY - ST - ZIP |                  |  |
| 4.1 TITLE           |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                  |  |
| 4.3 STREET ADDRESS  |                  |  |
| 4.4 CITY - ST - ZIP |                  |  |
| 5.1 TITLE           |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                  |  |
| 5.3 STREET ADDRESS  |                  |  |
| 5.4 CITY - ST - ZIP |                  |  |
| 6.1 TITLE           |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                  |  |
| 6.3 STREET ADDRESS  |                  |  |
| 6.4 CITY - ST - ZIP |                  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert McKean* - **ROBERT MCKEAN** 4-19-96 (201)-295-7782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Phone #

CR2E034 (12/95)

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LCI HOLDINGS, INC. (DELAWARE)  
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DATE OF INCORPORATION: SEPTEMBER 3, 1987

| SS#         | OFFICERS   |   |
|-------------|--|---|
| 128-14-2868 | JEROME A. CHAZEN<br>5 WAGON WHEEL DRIVE<br>NEW CITY, NY 10956        | CHAIRMAN  |
| 403-56-5810 | PAUL R. CHARRON<br>70 OX RIDGE LANE<br>DARIEN, CT 06820              | V. CHAIRMAN   |
| 057-30-6345 | SAMUEL MILLER<br>5 E. RIDGE ROAD<br>STAMFORD, CT 06903               | SENIOR VICE PRESIDENT - FINANCE<br>AND ASSISTANCE SECRETARY |
| 158-56-7439 | ROBERTA SCHUHALTER KARP<br>336 WEST END AVENUE<br>NEW YORK, NY 10023 | VICE PRESIDENT -<br>GENERAL COUNSEL                         |
| 084-34-3736 | ROBERT McKEAN<br>15 SHERWOOD STREET<br>HUNTINGTON, NY 11743          | TREASURER   |
| 090-42-7231 | CAROL MAYO-VERDILE<br>1513 FRANCIS AVE<br>BALDWIN, NY 11510          | VICE PRESIDENT - FIRST ISSUE                                |
| 144-50-1960 | BRAD LENZ<br>262 STANDISH ROAD<br>RIDGEWOOD, NJ 07450                | VICE PRESIDENT - OPERATIONS                                 |
| 526-02-3434 | JESSICA MITCHELL<br>345 EAST 56TH STREET<br>NEW YORK, NY 10022       | VICE PRESIDENT - PRODUCT<br>DEVELOPMENT, FIRST ISSUE        |
| 084-52-4419 | LORI R. KEURIAN<br>12-26 DIANE PLACE<br>BAYSIDE, NY 11360            | VICE PRESIDENT -<br>DEPUTY GENERAL COUNSEL                  |
| 062-46-9838 | BOB NEGRON<br>334 CEDAR LANE<br>RIVER VALE, NJ 07642                 | PRESIDENT - OUTLET STORES<br>DIVISION                       |