## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000103380 LARGE APPAREL OF FLORIDA, INC. 03-05-2001 90069 048 \*\*\*150.00 Principal Place of Business Mailing Address 100 METRO WAY 100 METRO WAY SECAUCUS NJ 07094 SECAUCUS NJ 07094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3622209 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete TITLE Change Addition NAME SITT, JOSEPH STREET ADDRESS STREET ADDRESS 100 METRO WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME KLEIN, JEFFREY A STREET ADDRESS STREET ADDRESS 100 METRO WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 EXEC. VP è CFO è DIRECTOR 🗆 Change TITLE ☐ Delete TITLE STEVEN J. LAMB NAME NAME STREET ADDRESS STREET ADDRESS 100 METRO WAY 07094 CITY-ST-7IP CITY-ST-ZIP SECANCUS **■** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. STEVEN J. LAMB

EXECUTIVE VICE PRESIDENT &

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR LEF FINANCIAL OFFICER