

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90002 039 \*\*\*158.75

**DOCUMENT # F96000002298**

1. Entity Name  
**STEVEN MADDEN RETAIL, INC.**



Principal Place of Business  
**52-16 BARNETT AVENUE  
ATTN: ALAN ROY REMULAR  
LONG ISLAND CITY, NY 11104**

Mailing Address  
**52-16 BARNETT AVENUE  
ATTN: ALAN ROY REMULAR  
LONG ISLAND CITY, NY 11104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212006

Chg-P

CR2E034 (11/05)

4. FEI Number

**13-3850272**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OLICKER, RICHARD	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	KARSON, JAMIESON	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DHARIA, ARVIND	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MARC	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KOPPELMAN, CHARLES	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIGLIORINI, PETER	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINHA, AWADHESH	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, ROBERT	
STREET ADDRESS	52-16 BARNETT AVENUE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIND DHARIA Arvind Dharia (78) 308 2273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
40098812

Steven Madden, Ltd. 52-16 Barnett Ave. Long Island City, N.Y. 11104  
Phone 718-446-1800 Fax 718-446-5599

June 21, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

RE: STEVE MADDEN RETAIL, INC. - F96000002298


Please be informed that we did not receive the 2006 Uniform Business Report prior notice. I, therefore, request that the late fee be waived. Thank you so much for your consideration.

Also, I am enclosing a check in the amount of \$158.75 representing the fee for the filing of the annual report/Uniform Business Report broken down as follows:

Filing Fee	\$150.00
Certificate of Status	<u>8.75</u>
Total	\$158.75
	=====

Thank you so much for your assistance.

Very truly yours,

  
Alan Roy Remular  
Corporate Asst Controller

Encl.



**madden  
mens**

 **candie's**

**l.e.i.**  
the energy intelligence

**UNIONBAY**

**STEVEN**

**ADESSO-MADDEN**

