

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005158

Entity Name: VINCE, LLC**Current Principal Place of Business:**600 KELLWOOD PARKWAY
CHESTERFIELD, MO 63017**Current Mailing Address:**600 KELLWOOD PARKWAY
CHESTERFIELD, MO 63017**FEI Number:** 90-0877936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MGR
Name GRANOFF, JILL
Address 600 KELLWOOD PARKWAY
City-State-Zip: CHESTERFIELD MO 63017

Title MGR
Name BRODY, MARK
Address 5200 TOWN CENTER CIR. SUITE 600
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name METZ, CHRISTOPHER T
Address 5200 TOWN CENTER CIR. SUITE 600
City-State-Zip: BOCA RATON FL 33486

Title CHAIRMAN
Name METZ, CHRISTOPHER T
Address 5200 TOWN CENTER CIR.
SUITE 600
City-State-Zip: BOCA RATON FL 33486

Title CEO & PRES
Name GRANOFF, JILL
Address 600 KELLWOOD PARKWAY
City-State-Zip: CHESTERFIELD MO 63017

Title SVP CFO & TREAS
Name KLINGER, LISA
Address 600 KELLWOOD PARKWAY
City-State-Zip: CHESTERFIELD MO 63017

Title SVP SECRETARY & GC
Name GRYPP, KEITH
Address 600 KELLWOOD PARKWAY
City-State-Zip: CHESTERFIELD MO 63017

Title COO
Name GORDON, ARTHUR
Address 600 KELLWOOD PARKWAY
City-State-Zip: CHESTERFIELD MO 63017

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDI WILSON

VP & CONTROLLER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

| | |
|-----------------|-----------------------|
| Title | VP & CONTROLLER |
| Name | WILSON, BRANDI |
| Address | 600 KELLWOOD PARKWAY |
| City-State-Zip: | CHESTERFIELD MO 63017 |