

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005358

**Entity Name:** COACH LEATHERWARE, FLORIDA, INC.**Current Principal Place of Business:**516 WEST 34TH STREET  
NEW YORK, NY 10001**Current Mailing Address:**516 WEST 34TH STREET  
NEW YORK, NY 10001 US**FEI Number:** 52-2242751**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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**Officer/Director Detail :**

Title	CEOD
Name	LUIS, VICTOR
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	CFO
Name	NIELSEN, JANE
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	C
Name	ZEITLIN, JIDE J
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	DIVISIONAL VICE PRESIDENT & ASSISTANT SECRETARY
Name	HOWARD, DAVID
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	GLOBAL CORPORATE AFFAIRS OFFICER, GENERAL COUNSEL AND SECRETARY
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Name	KAHN, TODD
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	ASST. SECRETARY
Name	DE ROOY, CAROLINE
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

Title	VT
Name	VO, SUE
Address	516 WEST 34TH STREET
City-State-Zip:	NEW YORK NY 10001

*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:** CAROLINE DE ROOY**ASSISTANT SECRETARY** 05/15/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date