

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005358

**Entity Name:** COACH LEATHERWARE, FLORIDA, INC.

**Current Principal Place of Business:**

10 HUDSON YARDS  
NEW YORK, NY 10001

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC3168702572**

**Current Mailing Address:**

10 HUDSON YARDS  
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           DIRECTOR  
Name           DENTON, DAVID M.  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           GUERRA, ANDREA  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           KROPF, SUSAN J.  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           LONG, ANNABELLE YU  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           LUIS, VICTOR  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           MENEZES, IVAN  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           NUTI, WILLIAM R.  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title           DIRECTOR  
Name           TILENIUS, STEPHANIE  
Address        10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

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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 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   04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ZEITLIN, JIDE J.  
Address 10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title PRESIDENT / SECRETARY  
Name KAHN, TODD  
Address 10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title ASSISTANT SECRETARY  
Name DE ROOY, CAROLINE  
Address 10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001

Title TREASURER  
Name VO, SUSAN  
Address 10 HUDSON YARDS  
City-State-Zip: NEW YORK NY 10001