2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001887

Entity Name: LANDS' END DIRECT MERCHANTS, INC.

Current Principal Place of Business:

ONE LANDS' END LANE DODGEVILLE. WI 53595

Current Mailing Address:

ONE LANDS END LANE DODGEVILLE, WI 53595 US

FEI Number: 36-2512786 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:

Address

Name

Electronic Signature of Registered Agent

Date

FILED Apr 13, 2022

Secretary of State

8969379554CC

Officer/Director Detail :

Title PRESIDENT AND CHIEF FINANCIAL

OFFICER

Title VP. CONTROLLER AND CHIEF

GOOCH, JAMES Name

ONE LANDS END LANE Address ONE LANDS END LANE

Name

City-State-Zip: DODGEVILLE WI 53595 City-State-Zip: DODGEVILLE WI 53595

Title ASST. TREASURER

DIAMOND, ROBERT C

Address ONE LANDS END LANE

City-State-Zip: DODGEVILLE WI 53595

Title **DIRECTOR**

GALVIN, ROBERT Name

Address ONE LANDS END LANE

City-State-Zip: DODGEVILLE WI 53595

Title DIRECTOR

Name LEYKUM, ELIZABETH

Address ONE LANDS END LANE

DODGEVILLE WI 53595 City-State-Zip:

ACCOUNTING OFFICER

MCCRACKEN, BERNARD L

Title EXECUTIVE VICE PRESIDENT, CHIEF

> ADMINISTRATIVE OFFICER. GENERAL COUNSEL AND CORPORATE SECRETARY

Name GRAY, PETER L

Address ONE LANDS END LANE

City-State-Zip: DODGEVILLE WI 53595

Title

CEO, DIRECTOR

Name GRIFFITH, JEROME

Address ONE LANDS END LANE

City-State-Zip: DODGEVILLE WI 53595

Title DIRECTOR

Name LINDEN, JOSEPHINE

Address ONE LANDS' END LANE

City-State-Zip: DODGEVILLE WI 53595

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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: CATHERINE L. SIMS

ASSISTANT SECRETARY

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

City-State-Zip: DODGEVILLE WI 53595

Title **DIRECTOR** Title DIRECTOR

Name MCCLAIN, JOHN T. Name MULLEN MURPHY, MAUREEN

ONE LANDS' END LANE Address Address ONE LANDS' END LANE City-State-Zip: DODGEVILLE WI 53595 City-State-Zip: DODGEVILLE WI 53595

Title Title DIRECTOR DIRECTOR

Name STAW, JONAH PATEL, JIGNESH Name

Address ONE LANDS' END LANE ONE LANDS' END LANE Address City-State-Zip: DODGEVILLE WI 53595 City-State-Zip: DODGEVILLE WI 53595

Title ASST. SECRETARY Title ASSISTANT SECRETARY Name GAEDE, NATHANIEL Name SIMS, CATHERINE L. ONE LANDS' END LANE Address Address ONE LANDS' END LANE City-State-Zip: DODGEVILLE WI 53595