

**2020 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** EXECUTIVE VICE PRESIDENT, COO,  
CHIEF FINANCIAL OFFICER AND  
TREASURER**Name** GOOCH, JAMES F**Address** ONE LANDS END LANE**City-State-Zip:** DODGEVILLE WI 53595**Title** ASST. TREASURER**Name** DIAMOND, ROBERT C**Address** ONE LANDS END LANE**City-State-Zip:** DODGEVILLE WI 53595**Title** DIRECTOR**Name** GALVIN, ROBERT**Address** ONE LANDS END LANE**City-State-Zip:** DODGEVILLE WI 53595**Title** DIRECTOR**Name** LEYKUM, ELIZABETH**Address** ONE LANDS END LANE**City-State-Zip:** DODGEVILLE WI 53595**Title** VP, CONTROLLER AND CHIEF  
ACCOUNTING OFFICER**Name** MCCracken, BERNARD L**Address** ONE LANDS END LANE**City-State-Zip:** DODGEVILLE WI 53595**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** CHIEF EXECUTIVE OFFICER AND  
PRESIDENT, DIRECTOR**Name** GRIFFITH, JEROME S.**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**Continues on page 2**

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** 05/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCCLAIN, JOHN T.  
Address ONE LANDS' END LANE  
City-State-Zip: DODGEVILLE WI 53595

Title DIRECTOR  
Name PATEL, JIGNESH  
Address ONE LANDS' END LANE  
City-State-Zip: DODGEVILLE WI 53595

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

Title DIRECTOR  
Name MULLEN, MAUREEN  
Address ONE LANDS' END LANE  
City-State-Zip: DODGEVILLE WI 53595

Title DIRECTOR  
Name STAW, JONAH  
Address ONE LANDS' END LANE  
City-State-Zip: DODGEVILLE WI 53595

Title ASSISTANT SECRETARY  
Name BURCZYK, JOHN  
Address ONE LANDS' END LANE  
City-State-Zip: DODGEVILLE WI 53595