

2021 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**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**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** 02/02/2021

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