

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001311

**Entity Name:** LVMH MOET HENNESSY LOUIS VUITON INC.**Current Principal Place of Business:**19 EAST 57TH STREET  
NEW YORK, NY 10022**Current Mailing Address:**19 EAST 57TH STREET  
5TH FLOOR  
NEW YORK, NY 10022**FEI Number:** 13-3870253**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	D
Name	GODE, PIERRE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	D
Name	LIEBER, JAMES
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	SVP
Name	DESVIGNES, ELISABETH
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	D, P
Name	GUIONY, JEAN-JACQUES
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	D
Name	ARNAULT, BERNARD
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR & PRESIDENT
Name	GUIONY, JEAN-JACQUES
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	S
Name	FIRESTONE, LOUISE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	VP, TREASURER
Name	ACESTE, CLAIRE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

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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:** LOUISE FIRESTONE**SECRETARY****01/09/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name JOHNSON, MAUREEN  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title SVP  
Name CARPENTIER, PASCAL  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title CEO  
Name WEBER, MARK  
Address 19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022