Entity Name	: THE LABORATORY	INSTITUTE OF	MERCHANDISING, II	NC.

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

12 EAST 53RD STREET NEW YORK, NY 10022-5268

DOCUMENT# F1500003625

Current Mailing Address:

12 EAST 53RD STREET NEW YORK, NY 10022-5268

FEI Number: 13-5579528

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI 200 S. BISCAYNE BOULEVARD SUITE 4100 (RLB) MIAMI, FL 33131 US Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Dire			
Title	C, D	Title	VC, D
Name	BORNER, WILLIAM J.	Name	NEFF, ROSALIND S.
Address	12 EAST 53RD STREET	Address	12 EAST 53RD STREET
City-State-Zip:	NEW YORK NY 10022-5268	City-State-Zip:	NEW YORK NY 10022-5268
Title	P, D	Title	EVPTAS
Name	MARCUSE, ELIZABETH	Name	DONOHUE, MICHAEL
Address	12 EAST 53RD STREET	Address	12 EAST 53RD STREET
City-State-Zip:	NEW YORK NY 10022-5268	City-State-Zip:	NEW YORK NY 10022-5268
Title	D	Title	D
Title Name	D CRAWFORD, SALLY A.	Title Name	D FARMER, PATTY
	-		
Name Address	CRAWFORD, SALLY A.	Name	FARMER, PATTY 12 EAST 53RD STREET
Name Address	CRAWFORD, SALLY A. 12 EAST 53RD STREET	Name Address	FARMER, PATTY 12 EAST 53RD STREET
Name Address City-State-Zip:	CRAWFORD, SALLY A. 12 EAST 53RD STREET NEW YORK NY 10022-5268	Name Address City-State-Zip:	FARMER, PATTY 12 EAST 53RD STREET NEW YORK NY 10022-5268
Name Address City-State-Zip: Title	CRAWFORD, SALLY A. 12 EAST 53RD STREET NEW YORK NY 10022-5268 D	Name Address City-State-Zip: Title	FARMER, PATTY 12 EAST 53RD STREET NEW YORK NY 10022-5268 D
Name Address City-State-Zip: Title Name	CRAWFORD, SALLY A. 12 EAST 53RD STREET NEW YORK NY 10022-5268 D HOROWITZ, JAY R. 12 EAST 53RD STREET	Name Address City-State-Zip: Title Name	FARMER, PATTY 12 EAST 53RD STREET NEW YORK NY 10022-5268 D MARSHALL, NANCY 12 EAST 53RD STREET

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: MICHAEL DONOHUE	EVP	03/03/2020

Electronic Signature of Signing Officer/Director Detail

FILED Mar 03, 2020 Secretary of State 4939624355CC

Date

Date

Officer/Director Detail Continued :

Title	D	Title	D
Name	ROTHWELL, GAIL E.	Name	SHAFFER, STEFAN
Address	12 EAST 53RD STREET	Address	12 EAST 53RD STREET
City-State-Zip:	NEW YORK NY 10022-5268	City-State-Zip:	NEW YORK NY 10022-5268
Title	D	Title	D
Title Name	D REICHOLUM, BILL	Title Name	D MARSHALL, RON
	-		-
Name	REICHOLUM, BILL	Name	MARSHALL, RON