

**2022 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F19000005367

**Entity Name:** STEVEN MADDEN, LTD. INC.

**Current Principal Place of Business:**

52-16 BARNETT AVE.  
LONG ISLAND CITY, NY 11104

**Current Mailing Address:**

52-16 BARNETT AVE.  
LONG ISLAND CITY, NY 11104 US

**FEI Number:** 13-3588231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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:** TRACY GIUMARRA, ASSISTANT SECRETARY

02/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, CEO, DIRECTOR  
Name ROSENFELD, EDWARD  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title PRESIDENT, DIRECTOR  
Name NEWTON VARELA, AMELIA  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIR  
Name MIGLIORINI, PETER  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIR  
Name KLIPPER, MITCHELL S  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title CFO  
Name MAZOUZI, ZINE  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name DAVIS, PETE  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name FERRARA, AL  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name LYNCH, ROSE  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

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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:** LISA KEITH

**SECRETARY**

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KUMAR, MARIA TERESA  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name SIMONE, ARIAN  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title SECRETARY  
Name KEITH, LISA  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name SACHDEV, RAVI  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR  
Name SMITH, ROBERT  
Address 52-16 BARNETT AVE.  
City-State-Zip: LONG ISLAND CITY NY 11104