

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07749

Entity Name: CHANEL, INC.**Current Principal Place of Business:**9 WEST 57TH STREET
44TH FLOOR
NEW YORK, NY 10019**Current Mailing Address:**9 WEST 57TH STREET
44TH FLOOR
NEW YORK, NY 10019 US**FEI Number:** 13-0565120**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 SECRETARY
Name HEILBRONN, CHARLES
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title TREASURER
Name HARTELIUS, ERIC
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title PRESIDENT
Name GALANTIC, JOHN
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name GALANTIC, JOHN
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name RENA, MICHAEL
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name KOPELMAN, ARIE L.
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name HEILBRONN, CHARLES
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name WERTHEIMER, ALAIN
Address 9 WEST 57TH STREET
44TH FLOOR
City-State-Zip: NEW YORK NY 10019

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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: KOULA DELIANIDES**ASSISTANT SECRETARY** 03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	DELIANIDES, KOULA
Address	9 WEST 57TH STREET 44TH FLOOR
City-State-Zip:	NEW YORK NY 10019