

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90393 050 ***150.00

DOCUMENT # 473299

1. Entity Name
CACHE, INC.



Principal Place of Business

1440 BROADWAY
5TH FL
NEW YORK, NY 10018 US

Mailing Address

1440 BROADWAY
5TH FL
NEW YORK, NY 10018 US

14012701



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1588181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	WOOLF, BRIAN
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

TITLE	D
NAME	SAUL, JOSEPH GENE GAGE
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

TITLE	PD
NAME	REINCKENS, THOMAS E
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

TITLE	S
NAME	COSTER, VICTOR J
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

TITLE	D
NAME	SCHRADER, MORTON J
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

TITLE	D
NAME	MINTZ, ARTHUR S
STREET ADDRESS	1440 BROADWAY 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10018

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur S. Mintz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

212-575-3200

Daytime Phone #