


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 846133 (7)					
1. Corporation Name PHILLIPS-VAN HEUSEN CORPORATION					
Principal Place of Business 1280 AVE. OF THE AMERICAS NEW YORK NY 10104			Mailing Address 1280 AVE. OF THE AMERICAS NEW YORK NY 10104		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/03/1980 4. FEI Number 13-1166910 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLATSKY, BRUCE J		1.2 NAME		
STREET ADDRESS	45 KERRY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPPAQUA NY 10128		1.4 CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTER, IRWIN W		2.2 NAME		
STREET ADDRESS	1075 PARK AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10128		2.4 CITY-ST-ZIP		
TITLE	VP C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIRICO, EMANUEL		3.2 NAME		
STREET ADDRESS	7 YORK PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRONXVILLE NY 10708		3.4 CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOTKIN, PAMELA N		4.2 NAME		
STREET ADDRESS	85 EAST END AVENUE		4.3 STREET ADDRESS	47 Vestry St., 5N	
CITY-ST-ZIP	NEW YORK NY 10028		4.4 CITY-ST-ZIP	New York, NY 10013	
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLAN, JOHN M		5.2 NAME		
STREET ADDRESS	1485 E. PUTMAN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLD GREENWICH CT 06870		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASSERMAN, EVAN		6.2 NAME		
STREET ADDRESS	10 MALLARD COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD NJ 07831		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

John M. Allan

4/20/98

212-468-7290

CR2E034 (10/97)