

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

**APPROVED  
AND  
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**97 APR 16 PM 12:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850632 (1)**  
 1. Corporation Name  
**MAIDENFORM, INC.**



Principal Place of Business <b>90 PARK AVENUE NY NY 10016</b>	Mailing Address <b>90 PARK AVENUE NY NY 10016-1301</b>
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3. Date Incorporated or Qualified <b>10/07/1981</b>	3a. Date of Last Report <b>04/26/1996</b>
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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
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4. FEI Number <b>68-0201882</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GEIGER, ALLAN T  
 1300 GULF LIFE DRIVE  
 JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP KANNER, ABRAHAM P 90 PARK AVE NEW YORK, NY 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	
TITLE	VPC GLAZER, IRA 90 PARK AVE NEW YORK, NY 00000	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	VC MASKET, DAVID C 90 PARK AVE NEW YORK, NY 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE	P COLEMAN, ELIZABETH J. 90 PARK AVE NEW YORK NY 10016	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	VPT KOESTERICH, RON 90 PARK AVE NEW YORK FL 10016	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (201) 436 9200  
 Date Date & Phone #

CR2E034 (9/96)

## MAIDENFORM, INC.

### *Addresses of the Corporation's Principal Officers*

<u>NAME</u>	<u>OFFICE</u>
Elizabeth J. Coleman 90 Park Avenue New York, NY 10016	Chief Executive Officer, President and Chairman of the Board (212) 953-1400
Frank Stull 90 Park Avenue New York, NY 10016	Executive Vice President-Chief Financial Officer (212) 953-1400
Steven N. Masket 90 Park Avenue New York, NY 10016	Executive Vice President-General Counsel and Secretary (212) 953-1400
Sue Hyde 90 Park Avenue New York, NY 10016	Assistant Vice President-Treasurer (212) 953-1400
Jodi Perlman 90 Park Avenue New York, NY 10016	Assistant Secretary (212) 953-1400

## **MAIDENFORM INC.**

### **Names and Business Addresses of the Corporation's Board of Directors:**

<b><u>NAMES</u></b>	<b><u>ADDRESSES</u></b>
Elizabeth J. Coleman	90 Park Avenue, New York, NY 10016
Robert H. Stroup	1355 Peachtree Street, Atlanta, GA 30309
Catherine C. Brawer	90 Park Avenue, New York, NY 10016
Robert A. Brawer	90 Park Avenue, New York, NY 10016
David C. Masket	90 Park Avenue, New York, NY 10016
Melvin Cohen	3115 E. Georgia Avenue, Phoenix, AZ 85016
Jane Evans	8161 North 51st Place, Paradise Valley, AZ 85253
Wolfgang Spiesshofer	Marsstrasse 40, D-80335 Munich, Germany
Gunther Spiesshofer	Marsstrasse 40, D-80335 Munich, Germany