

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850632 (1)
 1. Corporation Name
MAIDENFORM, INC.



Principal Place of Business 90 PARK AVENUE NY NY 10018	Mailing Address 90 PARK AVENUE NY NY 10018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1981	
21		26		4. FEI Number 66-0201882	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GEGER, ALLAN T 1300 GULF LIFE DRIVE JACKSONVILLE FL 32207				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, ELIZABETH J	1.2 NAME	
STREET ADDRESS	90 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, FRANK	2.2 NAME	
STREET ADDRESS	90 PARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	2.4 CITY-ST-ZIP	
TITLE	VGSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASKET, STEVEN N	3.2 NAME	
STREET ADDRESS	90 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK FL 10018	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERMAN, JODI	4.2 NAME	
STREET ADDRESS	90 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, ROBERT H	5.2 NAME	
STREET ADDRESS	1355 PEACHTREE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWER, CATHERINE C	6.2 NAME	
STREET ADDRESS	90 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	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: Frank B Stull Frank B Stull 4/20/98 801-436-9200

CR2E034 (10/97)

MAIDENFORM, INC.

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Paul Mischinski	President/CEO	475 Park Avenue South New York, NY 10016
Steve Masket	Secretary	475 Park Avenue South New York, NY 10016
Frank Stull	Executive Vice President	475 Park Avenue South New York, NY 10016
David Quackenbush	Treasurer	475 Park Avenue South New York, NY 10016

Board of Directors

<u>Name</u>	<u>Address</u>
Paul Mischinski	475 Park Avenue South New York, NY 10016
Jim Williams	475 Park Avenue South New York, NY 10016
Charles M. Masson	475 Park Avenue South New York, NY 10016
Joseph E. Heid	475 Park Avenue South New York, NY 10016