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**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90003 028 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 850632**

1. Corporation Name  
**MAIDENFORM, INC.**



Principal Place of Business  
**90 PARK AVENUE**  
**NY NY 10016**

Mailing Address  
**90 PARK AVENUE**  
**NY NY 10016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/07/1981**

2. Principal Place of Business

21 **154 AVE E**

Suite, Apt. #, etc.

22 **BLDG 3C**

City & State

23 **BAYONNE NJ**

Zip

24 **07002**

Country

25 **HUDSON**

2a. Mailing Address

26 **154 AVE E**

Suite, Apt. #, etc.

27 **BLDG 3C**

City & State

28 **BAYONNE, NJ**

Zip

29 **07002**

Country

30 **HUDSON**

4. FEI Number  
**66-0201882**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation owes the current year intangible Personal Property Tax.

Yes  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

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/1/99**

12. OFFICERS AND DIRECTORS

TITLE **VCFO**  DELETE

NAME **STULL, FRANK**

STREET ADDRESS **90 PARK AVENUE 154 AVE E**

CITY-ST-ZIP **NEW YORK NY 10016 BAYONNE NJ 07002**

TITLE **VGSD**  DELETE

NAME **MASKET, STEVEN N**

STREET ADDRESS **90 PARK AVENUE 154 AVE E**

CITY-ST-ZIP **NEW YORK FL 10016 BAYONNE, NJ 07002**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EXECUTIVE VP & CFO.**  Change  Addit

1.2 NAME **STULL FRANK.**

1.3 STREET ADDRESS **154 AVE E**

1.4 CITY-ST-ZIP **BAYONNE, NJ 07002.**

2.1 TITLE **SECRETARY.**  Change  Addit

2.2 NAME **MASKET, STEVEN N.**

2.3 STREET ADDRESS **154 AVENUE E.**

2.4 CITY-ST-ZIP **BAYONNE, NJ. 07002.**

3.1 TITLE  Change  Addit

3.2 NAME

3.3 STREET ADDRESS **see attached list**

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addit

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *[Signature]* **RECEIVED STULL 6/1/99 201-436-92**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

579887-90003-2  
Doc# 850632

**MAIDENFORM, INC.**

**LIST OF OFFICERS & BOARD OF DIRECTORS**

**OFFICERS**

<b><u>Name</u></b>	<b><u>Title of the officer</u></b>	<b><u>Address</u></b>	<b><u>Date taking Office</u></b>
Paul Mischinski SS# 148-40-7125	President/CEO	154 Ave E Bayonne, NJ. 07002	04/21/98
Steve Masket SS# 065-44-9527	Secretary	154 Ave E Bayonne, NJ. 07002	01/08/98
Frank Stull SS# 180-32-8772	Executive VP & CFO	154 Ave E Bayonne, NJ. 07002	09/09/96
Steve Nelson SS# 049-40-4756	Vice President(Finance)	154 Ave E Bayonne, NJ. 07002	05/01/98
David Quackenbush SS# 147-68-4173	Director of Treasury	154 Ave E Bayonne, NJ. 07002	02/10/97

**BOARD OF DIRECTORS**

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Date taking Office</u></b>
Jim Williams	Great American Knitting Mills 597 5 <sup>th</sup> Avenue, 5 <sup>th</sup> Floor, New York, NY. 10017	12/04/97
Charles M. Mason	200 east 84 <sup>th</sup> st, Apt 8G New York, NY. 10028-2916	12/04/97
Ted Stenger	Jay Alix & Associates 575 5th Ave, 21 <sup>st</sup> Floor New York, NY. 10017	12/04/97
Joseph Heid	Revlon International 625 Madison Ave, Suite 1516 New York, NY. 10022	12/17/97