

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90007 035 \*\*\*150.00

**DOCUMENT # 850632**

1. Entity Name  
**MAIDENFORM, INC.**

*(Handwritten initials: UK)*

Principal Place of Business      Mailing Address  
 154 AVE E      154 AVE E  
 BLDG 3C      BLDG 3C  
 BAYONNE NJ 07002      BAYONNE NJ 07002

**A0074266**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **66-0201882**      Applied For  
 Zip      Country      Zip      Country       **\$8.75 Additional Fee Required**  
 Not Applicable

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**GEIGER, ALLAN T**  
**1300 GULF LIFE DRIVE**  
**JACKSONVILLE FL 32207**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State


10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVC</b> <b>STULL, FRANK</b> <b>154 AVE E</b> <b>BAYONNE NJ 07002</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MASKET, STEVEN N</b> <b>154 AVE E</b> <b>BAYONNE NJ 07002</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>MISCHINSKI, PAUL</b> <b>154 AVE E</b> <b>BAYONNE NJ 07002</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF</b> <b>NELSON, STEVE</b> <b>154 AVE E</b> <b>BAYONNE NJ 07002</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, JIM</b> <b>597 5TH AVE 5TH FLOOR</b> <b>NEW YORK NY 10017</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* **Steve Nelson**      4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment  
850632  
A00742106  


MAIDENFORM, INC.

LIST OF OFFICERS & BOARD OF DIRECTORS

OFFICERS

<u>Name</u>	<u>Title of the officer</u>	<u>Address</u>	<u>Date taking Office</u>
Paul-Mischinski	President/CEO	154 Ave E Bayonne, NJ. 07002	04/21/98
Steve Masket	Secretary	154 Ave E Bayonne, NJ. 07002	01/08/98
Frank Stull	Executive VP , CFO & Treasurer	154 Ave E Bayonne, NJ. 07002	09/09/96
Steve Nelson	Vice President(Finance)	154 Ave E Bayonne, NJ. 07002	05/01/98

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Date taking Office</u>
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
Joseph Heid	Revlon International 625 Madison Ave, Suite 1516 New York, NY. 10022	12/17/97