

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850632

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: MAIDENFORM, INC.

## Current Principal Place of Business:

485F US HWY. 1 SOUTH  
BLDG 3C  
ISELIN, NJ 08830

## New Principal Place of Business:

485F US HWY. 1 SOUTH  
ISELIN, NJ 088303055

## Current Mailing Address:

485F US HWY. 1 SOUTH  
ISELIN, NJ 08830

## New Mailing Address:

485F US HWY. 1 SOUTH  
ISELIN, NJ 088303055

FEI Number: 66-0201882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: MASKET, STEVEN N  
Address: 485F US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: VPF ( ) Delete  
Name: NELSON, STEVE  
Address: 485 US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: PD (X) Delete  
Name: WARD, TOM  
Address: 485 US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: SD (X) Delete  
Name: MARKET, STEVEN  
Address: 485 US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: PD (X) Delete  
Name: REZOIK, MAURICE  
Address: 485F US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REZNIK, MAURICE  
Address: 485F US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 08830

Title: VPF (X) Change ( ) Addition  
Name: NELSON, JOHN  
Address: 485 US HWY. 1 SOUTH  
City-St-Zip: ISELIN, NJ 088303055

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NELSON

VPF

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date