# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# 850994

**Entity Name:** LOUIS VUITTON NORTH AMERICA, INC.

**Current Principal Place of Business:**

19 EAST 57TH STREET
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

19 EAST 57TH STREET
NEW YORK, NY 10022

**New Mailing Address:**

**FEI Number: 13-3090162** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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: | DC | ( ) Delete |
| Name: | CARCELLE, YVES | |
| Address: | 2 RUE DU PONT NEUF | |
| City-St-Zip: | PARIS, FR 75034 | |
| Title: | CEO | ( ) Delete |
| Name: | DANIEL, LALONDE | |
| Address: | 19 E 57TH STREET | |
| City-St-Zip: | NEW YORK, NY 10022 | |
| Title: | VP | ( ) Delete |
| Name: | PFISTNER, PATRICE | |
| Address: | 625 MADISON AVE 3RD FL | |
| City-St-Zip: | NEW YORK, NY 10022 | |
| Title: | VP | ( ) Delete |
| Name: | SLAVINSKY, JOHN | |
| Address: | 19 EAST 57TH STREET | |
| City-St-Zip: | NEW YORK, NY 10022 | |
| Title: | S | ( ) Delete |
| Name: | KOLANDA, KATHRYN | |
| Address: | 19 EAST 57TH STREET | |
| City-St-Zip: | NEW YORK, NY 10022 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | QUARANTE, IVAR | |
| Address: | 625 MADISON AVE 3RD FL | |
| City-St-Zip: | NEW YORK, NY 10022 | |
| 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: KATHRYN KOLANDA S 04/14/2009

Electronic Signature of Signing Officer or Director — Date