

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003393

Entity Name: SAMSONITE.COM, INC.

FILED
Apr 06, 2010
Secretary of State

Current Principal Place of Business:

1 IMESON PARK BLVD.
BUILDING 100
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

C/O SAMSONITE CORPORATION
575 WEST STREET, SUITE 110
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 84-1033646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: KORBAS, TOM
Address: 575 WEST STREET, STE 110
City-St-Zip: MANSFIELD, MA 02048 US

Title: DST
Name: GENDREAU, KYLE F
Address: 575 WEST STREET, SUITE 110
City-St-Zip: MANSFIELD, MA 02048 US

Title: VPAT
Name: WALDEN, DONALD E
Address: 575 WEST STREET, SUITE 110
City-St-Zip: MANSFIELD, MA 02048 US

Title: AS
Name: LIVINGSTON, JOHN B
Address: 575 WEST STREET, SUITE 110
City-St-Zip: MANSFIELD, MA 02048 US

Title: VP
Name: COOPER, ROBERT W
Address: 575 WEST ST., STE 110
City-St-Zip: MANSFIELD, MA 02048 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN B. LIVINGSTON

AS

04/06/2010

Electronic Signature of Signing Officer or Director

Date