

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90280 048 \*\*\*150.00

**DOCUMENT # F00000006379**

1. Entity Name  
**CALVIN KLEIN, INC.**



Principal Place of Business  
**205 WEST 39TH STREET  
NEW YORK NY 10018**

Mailing Address  
**205 WEST 39TH STREET  
NEW YORK NY 10018**

2. Principal Place of Business

3. Mailing Address

**200 Madison Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**New York, NY**

Zip

Country

Zip

Country

**10016**

4. FEI Number **13-3289782**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **KLEIN, CALVIN**  
STREET ADDRESS **205 WEST 39TH STREET**  
CITY-ST-ZIP **NEW YORK NY 10018**

TITLE **Chairman / CEO** ☐ Change ☒ Addition  
NAME **Bruce J. Klatsky**  
STREET ADDRESS **200 madison Ave.**  
CITY-ST-ZIP **new York, NY 10016**

TITLE **TCD** ☒ Delete  
NAME **SCHWARTZ, BARRY K**  
STREET ADDRESS **205 WEST 39TH STREET**  
CITY-ST-ZIP **NEW YORK NY 10018**

TITLE **VC / CFO** ☐ Change ☒ Addition  
NAME **Emanuel Chirico**  
STREET ADDRESS **200 madison Ave.**  
CITY-ST-ZIP **New York, NY 10016**

TITLE **PCOO** ☐ Delete  
NAME **MURRY, THOMAS**  
STREET ADDRESS **10 STRATFORD ROAD**  
CITY-ST-ZIP **HARRISON NY 10018**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VCFO** ☒ Delete  
NAME **LASALANDRA, LEN**  
STREET ADDRESS **99 HALPIN AVE.**  
CITY-ST-ZIP **STANFORD CT 06905-3424**

TITLE **VP / Treasurer** ☐ Change ☒ Addition  
NAME **Pamela N. Hootkin**  
STREET ADDRESS **200 madison Ave.**  
CITY-ST-ZIP **New York, NY 10016**

TITLE **S** ☒ Delete  
NAME **DIPAOLA, ROBERT B**  
STREET ADDRESS **375 PARK AVE., 12TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **VP / Secretary** ☐ Change ☒ Addition  
NAME **mark O. Fischer**  
STREET ADDRESS **200 madison Ave.**  
CITY-ST-ZIP **new York, NY 10016**

TITLE **VAS** ☒ Delete  
NAME **MILES-GRAETER, DEIRDRE**  
STREET ADDRESS **531 MAIN STREET**  
CITY-ST-ZIP **ROOSEVELT ISLAND NY 10044**

TITLE **Asst. Secretary** ☐ Change ☒ Addition  
NAME **John m. Allan, Jr.**  
STREET ADDRESS **200 madison Ave.**  
CITY-ST-ZIP **new York, NY 10016**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John m. Allan, Jr.**

**3/24/03**

**212-381-3701**

Date

Daytime Phone #

CR2E034 (10/02)