

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # F03000004662**

1. Entity Name  
**COLDWATER CREEK INC.**



Principal Place of Business  
**ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**

Mailing Address  
**ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**82-0419266**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
PENCE, DENNIS  
ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHONK-SIMMONS, GEORGIA  
ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
DICK, MEL  
ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
EL CHAAR, GERARD  
ONE COLDWATER CREEK DRIVE  
SANDPOINT, ID 83864**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
GRIESEMER, DANIEL  
1 COLDWATER CREEK DR  
SANDPOINT, ID 83864**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
MOEN, DAN  
1 COLDWATER CREEK DR  
SANDPOINT, ID 83864**

U00000618291  
02/08/07-80024-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Mel Dick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

Date

208-269-3137

Daytime Phone #