

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000003145

1. Entity Name
THE WORTH COLLECTION, LTD., INC.



Principal Place of Business
ATTN: CAROLINE A. DAVIS
37 WEST 57TH STREET
NEW YORK, NY 10019

Mailing Address
ATTN: CAROLINE A. DAVIS
37 WEST 57TH STREET
NEW YORK, NY 10019

FILED
Aug 25, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5688305

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
DAVIS, CAROLINE A
37 WEST 57TH STREET
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROSENBERG, JAY B
520 EIGHTH AVENUE
NEW YORK, NY 10018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEFEO, DAVID F
37 WEST 57TH STREET
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000958343
08/25/08-80005-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08

Date

Daytime Phone #

212-268-0312
X 203