

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005320

Entity Name: COLDWATER CREEK U.S. INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

2223 N. WEST SHORE BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

ONE COLDWATER CREEK DRIVE
SANDPOINT, ID 83864

New Mailing Address:

FEI Number: 20-8028831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: SHONK-SIMMONS, GEORGIA
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

Title: VD () Delete
Name: MARTIN, TIM
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

Title: AST () Delete
Name: CARLONE, MICHELLE
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

Title: AST (X) Delete
Name: STERN, DAVID
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHONK-SIMMONS, GEORGIA
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

Title: TREA (X) Change () Addition
Name: MARTIN, TIM
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

Title: VP (X) Change () Addition
Name: CARLONE, L MICHELLE
Address: 1 COLDWATER CREEK DRIVE
City-St-Zip: SANDPOINT, ID 83864

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: L MICHELLE CARLONE

VP

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date