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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra O. Martinez  
Secretary of State  
Tallahassee, FL 32399-0001

**DOCUMENT # F92000000787 (3)**

1. Corporation Name

**COACH DISTRIBUTION COMPANY**

DO NOT WRITE IN THIS SPACE

|                                                                                 |                                                                                                      |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>410 COMMERCE BLVD.<br/>CARLSTADT NJ 07072</b> | Maining Address<br><b>% SARA LEE CORP<br/>THREE FIRST NATIONAL PLAZA<br/>CHICAGO IL 60602<br/>US</b> |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. # etc.<br><b>22</b> City & State<br><b>23</b> Zip | 2b. Maining Address<br><b>26</b> Suite, Apt. # etc.<br><b>27</b> City & State<br><b>28</b> Zip |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                              |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date by operation or qualified<br><b>01/07/1993</b>                                                                                       | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FET Number<br><b>36-3857415</b>                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                 | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                        | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has agency for intangible tax under 199 USC Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name                                               |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83                                                    |                       |
| 84 City                                               | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRANKLIN, LAURENCE         | 1. NAME                                               |                                                                   |
| STREET ADDRESS             | 410 COMMERCE BLVD.         | 1. STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | CARLSTADT NJ               | 1. CITY, ST, ZIP                                      |                                                                   |
| TITLE                      | T                          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELLIS, DAVID B             | 2. NAME                                               | Treasurer                                                         |
| STREET ADDRESS             | THREE FIRST NATIONAL PLACE | 2. STREET ADDRESS                                     | Maureen Murray Culhane                                            |
| CITY, ST, ZIP              | CHICAGO IL 60602           | 2. CITY, ST, ZIP                                      | Three First National Plaza                                        |
| TITLE                      | VPD                        | 2. CITY, ST, ZIP                                      | Chicago, IL 60602                                                 |
| NAME                       | NEWMAN, GORDON H           | 3. NAME                                               | VPD                                                               |
| STREET ADDRESS             | THREE FIRST NATIONAL PLACE | 3. STREET ADDRESS                                     | Floyd Hoffman                                                     |
| CITY, ST, ZIP              | CHICAGO IL                 | 3. CITY, ST, ZIP                                      | Three First National Plaza                                        |
| TITLE                      | VPD                        | 3. CITY, ST, ZIP                                      | Chicago, IL 60602                                                 |
| NAME                       | LIPSMAN, WILLIAM H         | 4. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | THREE FIRST NATIONAL PLACE | 4. STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | CHICAGO IL                 | 4. CITY, ST, ZIP                                      |                                                                   |
| TITLE                      | VP                         | 5. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MEIER, DONALD L            | 5. STREET ADDRESS                                     |                                                                   |
| STREET ADDRESS             | THREE FIRST NATIONAL PLAZA | 5. CITY, ST, ZIP                                      |                                                                   |
| CITY, ST, ZIP              | CHICAGO IL                 | 6. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | AS                         | 6. STREET ADDRESS                                     |                                                                   |
| NAME                       | HAHN, JAMES                | 6. CITY, ST, ZIP                                      |                                                                   |
| STREET ADDRESS             | THREE FIRST NATIONAL PLAZA | 7. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP              | CHICAGO IL                 | 7. STREET ADDRESS                                     |                                                                   |

14. I hereby certify that the information requested with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 principal shareholder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any supplemental report as applicable.

SIGNATURE: *Edward J. Carr* 4/28/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## COACH DISTRIBUTION COMPANY

## OFFICERS AND DIRECTORS

F92-0787

| NAME                      | TITLE                            | SS#         | ADDRESS                                           |
|---------------------------|----------------------------------|-------------|---------------------------------------------------|
| Laurence Franklin[8]      | President & CEO                  | 114-54-8238 | 175 W 13th St., Apt 8D, New York, NY 10011        |
| Michael A. Allen[8]       | Vice President                   | 041-46-5308 | 409 Glenbrook Road, Stamford, CT 06906            |
| Gary C. Grom[1]           | Vice President                   | 339-36-0654 | 21676 N. Timber Ridge Ct., Kildeer, IL 60047      |
| Richard Jeffrey[8]        | Vice President                   | 137-40-9916 | 16 Staats Farm Road, Belle, ME, NJ 08502          |
| Donald L. Meier[1]        | Vice President                   | 321-30-3389 | 400 E. Randolph, #1717, Chicago, IL 60601         |
| William Page[8]           | Vice President                   | 267-70-9392 | 1040 Fox Chase Run, Greensboro, GA 30642          |
| Floyd G. Hoffman[1]       | Vice President & Asst. Secretary | 319-36-0291 | 643 Robin Lane, Glencoe, IL 60022                 |
| William S. Lipsman[1]     | Vice President & Asst. Secretary | 485-58-7600 | 488 Woodland Road, Highland Park, IL 60035        |
| Leon E. Porter, Jr.[2]    | Vice President & Asst. Secretary | 247-46-8386 | 3540 Buena Vista Road, Winston-Salem, NC 27106    |
| Ronald L. Schenkel[1]     | Vice President & Asst. Secretary | 319-36-8049 | 215 Elm Court, Northbrook, IL 60062               |
| John J. Witzig[1]         | Vice President & Asst. Secretary | 336-56-4254 | 1325 N. State Parkway Apt. #7, Chicago, IL 60610  |
| Ann E. Ziegler[1]         | Vice President & Asst. Secretary | 171-42-9666 | 1858 N. Howe St., Chicago, IL 60614               |
| Maureen Murray Culhane[1] | Vice President & Treasurer       | 395-50-1617 | 2440 Lakeview Avenue, Chicago, IL 60614           |
| James C. Clousing[1]      | Assistant Secretary              | 324-32-8513 | 1850 185th Street, Lansing, IL 60438              |
| Vincent F. Coffey[1]      | Assistant Secretary              | 152-36-7287 | 638 Oakhurst Dr., Naperville, IL 60540            |
| Edward Cunneen[1]         | Assistant Secretary              | 342-40-0504 | 418 N. Stewart Ave., Lombard, IL 60148            |
| Arthur J. DeBaugh[2]      | Assistant Secretary              | 104-56-1591 | 3609 Wickersham Lane, Winston-Salem, NC 27106     |
| Diane M. Einhorn [8]      | Assistant Secretary              | 055-38-6729 | 11 Baines Road, Hamtson, NY 10520                 |
| James Hahn[1]             | Assistant Secretary              | 104-46-1654 | 1421 West Russell Court, Arlington Hts., IL 60005 |
| Melvin L. Orner [8]       | Assistant Secretary              | 060-38-8464 | 9 Brookaw Lane, Great Neck, NY 11023              |
| Douglas F. Zak[1]         | Assistant Secretary              | 332-36-3450 | 150 Michaux, Riverside, IL 60546                  |
| Floyd G. Hoffman[1]       | Director                         | 319-36-0291 | 643 Robin Lane, Glencoe, IL 60022                 |
| William S. Lipsman[1]     | Director                         | 485-58-7600 | 488 Woodland Road, Highland Park, IL 60035        |

[1] Business address - Sara Lee Corporation, Three First National Plaza, Chicago, IL 60602

[2] Business address - Sara Lee Corporation, 470 Hanes Mill Road, Winston-Salem, NC 27105

[8] Business address - Coach Leatherware, 516 W 34th Street, New York, NY 10001