2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTE!

FILED Mar 07, 2002 8:00 am § Secretary of State DOCUMENT # F93000001452 1. Entity Name 03-07-2002 90228 048 ***150.00 THE APPAREL GROUP, LTD., INC. Principal Place of Business Mailing Address 6901 RIVERPORT DRIVE 6901 RIVERPORT DRIVE SUITE B SUITE B LOUISVILLE KY 40258-2852 **LOUISVILLE KY 40258-2852** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-5569505 Not Applicable \$8.75 Additional Country Ζip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition COP TITLE □ Defete NAME NAME GOLDBERG, NORMAN STREET ADDRESS STREET ADDRESS 5080 SPECTRUM DRIVE SUITE 800 E CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 ☐ Addition ☐ Delete TITLE TITLE COP 141 Broadway Z4th Floor Suite 2350 NAME BEARDEN, WALTER STREET ADDRESS STREET ADDRESS 1441 BROADWAY 24TH FLOOR SUITE 2350 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10018** Change ☐ Addition ☐ Delete TITLE TITLE **CFO** NAME NAME MAK, KAN YEON JIMMY STREET ADDRESS STREET ADDRESS 6901 RIVERPORT DRIVE SUITE B CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY 40258-2852 Change Addition TITLE TITLE ☐ Delete NAME NAME LEE, HARRY STREET ADDRESS STREET ADDRESS **49 AUSTIN ROAD** CITY-ST-ZIP CITY-ST-ZIP KOWLOON, HONG KONG ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME YEUNG, DONALD STREET ADDRESS STREET ADDRESS 1259 FOUSHEE RD. CITY-ST-ZIP CITY-ST-ZIP RAMSEUR NC 27316 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. 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 11 or Block 12 if