

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90077 047 \*\*\*158.75

<b>DOCUMENT # F93000003766</b> 1. Entity Name <b>SAMSONITE CORPORATION</b>			
Principal Place of Business <b>575 WEST STREET SUITE 110 MANSFIELD, MA 02048 US</b>		Mailing Address <b>SAMSONITE CORPORATION SUITE 110 MANSFIELD, MA 02048 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>Samsonite Corporation 575 West St. Suite 110 Mansfield MA 02048 USA</b>	
City & State <b>Mansfield MA</b>		4. FEI Number <b>04012008 Chg-P CR2E034 (12/06)</b> <b>36-3511556</b>	
Zip <b>02048</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, SUITE 105 TALLAHASSEE, FL 32301</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b> See Attachment		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE VP NAME KORBAS, TOM STREET ADDRESS 575 WEST ST., STE 110 CITY-ST-ZIP MANSFIELD, MA 02048	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Nichlas Clarry, CVC Capital Partners Ltd. STREET ADDRESS 111 Strand , London WC2R OAG CITY-ST-ZIP United Kingdom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME LIVINGSTON, JOHN B STREET ADDRESS 575 WEST STREET CITY-ST-ZIP MANSFIELD, MA 02048	<input type="checkbox"/> Delete	TITLE Director NAME Luigi Lanari, CVC Capital Partners sel STREET ADDRESS 111 Strand, London WC2R OAG, UK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CFOS NAME WILEY, RICHARD H STREET ADDRESS 4 MONDIAL WAY, HARLINGTON, HAYES CITY-ST-ZIP MIDDLESEX, UK UB3 5AR	<input checked="" type="checkbox"/> Delete	TITLE Sr. VP, CFO, Treasurer NAME Richard H. Wiley and Director STREET ADDRESS 4 Mondial Way, Harlington, Hayes CITY-ST-ZIP Middlesex, UK UB3 5AR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BOTTOLI, MARCELLO STREET ADDRESS 4 MONDIAL WAY, HARLINGTON HAYES CITY-ST-ZIP MIDDLESEX, UK UB3 5AR	<input type="checkbox"/> Delete	TITLE Chief Financial Officer NAME Marcello Bottoli	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME RASIN, DEBORHA STREET ADDRESS 4 MONDIAL WAY, HARLINGTON, HAYES CITY-ST-ZIP MIDDLESEX, UK UB3 5AR	<input type="checkbox"/> Delete	TITLE General Counsel and Secretary NAME Deborah Rasin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME WALDEN, DONALD E STREET ADDRESS 575 WEST STREET CITY-ST-ZIP MANSFIELD, MA 02048	<input checked="" type="checkbox"/> Delete	TITLE VP - Corporate Treasury & Reporting, Asst. Sec. Asst. Treasurer NAME Kyle Gendreau, 575 West Street, Suite 110 STREET ADDRESS Mansfield, MA 02048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:		Date: <b>4/28/08</b> Daytime Phone #: <b>781-851-1539</b>	

ATTACHMENT  
40088304

Samsonite Corporation

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Directors:

Hardy McLain

CVC Capital Partners Ltd  
111 Strand  
London WC2R 0AG  
United Kingdom

Andrew Cummins

CVC Asia Pacific (Australia) Ltd  
Level 45, 2 Park Street  
Sydney, NSW  
Australia

David Riddiford

61 Sandymount Avenue  
Ballsbridge, Dublin 4  
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