2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003766

Entity Name: SAMSONITE CORPORATION

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
•				New Finicipal Flace of Business.			
575 WEST SUITE110	STREET						
	D, MA 02048	US					
Current Mailing Address:				New Mailing Address:			
SUMUMULE CORPORATOIN			575 WEST STREET				
	T ST. STE. 110 LD, MA 02048 US		SUITE110 MANSFIELD, MA 02048 US				
FEI Number: 36-3511556 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State							
SIGNATUR		Cianatura of Dogistariad Assaut				Data	
		Signature of Registered Agent	-			Date	
Election Cam	paign Financing 1	Frust Fund Contribution ().					
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	D () D CLARRY, NICHLA 111 STRAND LONDON WC2R (Title: Name: Address: City-St-Zip:	D (X) C CLARRY, NICHO 111 STRAND LONDON WC2R		
Title: Name: Address: City-St-Zip:	AS () D LIVINGSTON, JOH 575 WEST STRE MANSFIELD, MA	ET		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	CFOS () D WILEY, RICHARD 4 MONDIAL WAY MIDDLESEX, UK	, HARLINGTON		Title: Name: Address: City-St-Zip:	CFOT (X) C GENDREAU, KYL 575 WEST STRE MANSFIELD, MA	ET, SUITE 110	
Title: Name: Address: City-St-Zip:	BOTTOLI, MARCE	, HARLINGTON HAYES		Title: Name: Address: City-St-Zip:	PARKER, TIMOT	, HARLINGTON HAYES	
Title: Name: Address: City-St-Zip:	RASIN, DEBORHA	, HARLINGTON, HAYES		Title: Name: Address: City-St-Zip:	RASIN, DEBORA	, HARLINGTON, HAYES	
Title: Name: Address: City-St-Zip:	VP () D GENDREAU, KYL 575 WEST STRE MANSFIELD, MA	ET, STE. 110		Title: Name: Address: City-St-Zip:	()(Change () Addition	

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: JOHN B. LIVINGSTON AS 04/20/2009