

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90048 014 ***150.00

DOCUMENT # F94000004355

1. Corporation Name

THE IZOD CORPORATION

Principal Place of Business

1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

Mailing Address

1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

23-2069566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 200 Madison Avenue

2a. Mailing Address

26 200 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New York, NY

City & State

28 New York, NY

Zip

24 10016

Country

Zip

29 10016

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUSO, ALLAN	
STREET ADDRESS	404 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ALLAN, JOHN M JR	
STREET ADDRESS	47 VESTRY ST., 5N	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	HOOTKIN, PAMELA N	
STREET ADDRESS	85 EAST END AVE.	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	WINTER, IRWIN W	
STREET ADDRESS	1075 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHIRICO, EMANUEL	
STREET ADDRESS	44 RIDGEWOOD AVE.	
CITY-ST-ZIP	YONKERS NY 10704	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WASSERMAN, EVAN H	
STREET ADDRESS	10 MALLARD COURT	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ken Duane	
1.3 STREET ADDRESS	200 Madison Avenue	
1.4 CITY-ST-ZIP	New York NY 10016	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1465 E. Putnam Avenue	
2.3 STREET ADDRESS	Old Greenwich, CT 06870	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	47 Vestry St., 5N	
3.3 STREET ADDRESS	New York, NY 10013	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	605 Park Ave., Apt. 9-D	
4.3 STREET ADDRESS	New York NY 10028	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7 York Place	
5.3 STREET ADDRESS	Bronxville, NY 10708	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED John M. Allan, Jr., 4/7/99 212-381-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

The IZOD Corporation
LISTING OF OFFICERS

F94000004355
319470 90048.14

NAME	BUSINESS ADDRESS	HOME ADDRESS	SS #
Ken Duane President	200 Madison Avenue New York, NY 10016	78 Whiffle Tree Lane New Canaan, CT 06840	029-46-9840
Irwin W. Winter Vice President	200 Madison Avenue New York, NY 10016	605 Park Ave., Apt 9-D New York, NY 10028	110-28-6583
Pamela N. Hootkin VP, Treasurer & Secretary	200 Madison Avenue New York, NY 10016	47 Vestry St., 5N New York, NY 10013	097-38-0445
Emanuel Chirico Vice President & Chief Financial Officer	200 Madison Avenue New York, NY 10016	7 York Place Bronxville, NY 10708	060-50-9131
Peter P. Corritori Vice President	200 Madison Avenue New York, NY 10016	6 Sunset Lane Harrison, NY 10528	098-44-6057
Evan H. Wasserman Assistant Secretary	1001 Frontier Road Bridgewater, NJ 08807	10 Mallard Court Englewood, NJ 07631	071-54-4452
John M. Allan, Jr. Assistant Secretary	200 Madison Avenue New York, NY 10016	1465 E. Putnam Avenue Old Greenwich, CT 06870	041-48-9924
John Basford Assistant Secretary	200 Madison Avenue New York, NY 10016	22 Olden Drive Flemington, NJ 08822	484-64-5299

DIRECTOR

Pamela N. Hootkin	200 Madison Avenue New York, NY 10016	47 Vestry St., 5N New York, NY 10013	097-38-0445
Bruce Klatsky	200 Madison Avenue New York, NY 10016	45 Kerry Lane Chappaqua, NY 10514	063-38-9473
Irwin W. Winter	200 Madison Avenue New York, NY 10016	605 Park Ave, Apt 9-D New York, NY 10028	110-28-6583