

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004355

FILED
Feb 15, 2005
Secretary of State

Entity Name: THE IZOD CORPORATION

Current Principal Place of Business:

200 MADISON AVE
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

200 MADISON AVE
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 23-2069566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUANE, FRANCIS
Address: 200 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: AS () Delete
Name: ALLAN, JOHN M JR
Address: 1465 E PUTNAM AVE
City-St-Zip: OLD GREENWICH, CT 06870

Title: VTSD () Delete
Name: HOOTKIN, PAMELA N
Address: 47 VESTRY ST, 5N
City-St-Zip: NEW YORK, NY 10013

Title: VAS () Delete
Name: RUSSO, VINCENT
Address: 9 SASSI DRIVE
City-St-Zip: CROTON ON HUDSON, NY 10520

Title: V () Delete
Name: CHIRICO, EMANUEL
Address: 7 YORK PLACE
City-St-Zip: BRONXVILLE, NY 10708

Title: AS () Delete
Name: WASSERMAN, EVAN H
Address: 10 MALLARD COURT
City-St-Zip: ENGLEWOOD, NJ 07631

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 M. ALLAN JR

AS

02/15/2005

Electronic Signature of Signing Officer or Director

Date