

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000005874

1. Entity Name

STEVEN MADDEN LTD.

FILED

02 SEP 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800007732858--3
-09/13/02--01044--015
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

52-16 Barnett Ave

3. Mailing Address

52-16 Barnett Ave

Suite, Apt. #, etc.

Attn: ALAN ROY REMULAR

Suite, Apt. #, etc.

Attn: ALAN ROY REMULAR

City & State

Long Island City, NY

City & State

Long Island City, NY

4. FEI Number

133588231

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip
11104

Country
U.S.A.

Zip
11104

Country
U.S.A.

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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IN THIS SPACE**

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

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

Brian Courtney

Asst. V. Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CEOD
Karson, Jamieson
52-16 Barnett Ave
Long Island City, NY 11104

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
Koppelman, Charles
52-16 Barnett Ave
Long Island City, NY 11104

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE:

Arvind Dharma, STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 2002 (718) 308 2273

Date

Daytime Phone #

CR2E034B (12/01)