

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90015 006 ***158.75

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1. Entity Name
STEVEN MADDEN, LTD., CO.



Principal Place of Business
ATTN: ALAN ROY REMULAR
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104

Mailing Address
ATTN: ALAN ROY REMULAR
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104

24013993



02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-3588231

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CEOD** ☐ Delete
NAME **KARSON, JAMISON**
STREET ADDRESS **52-16 BARNETT AVE.**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE **D** ☐ Delete
NAME **KOPPELMAN, CHARLES**
STREET ADDRESS **52-16 BARNETT AVE**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE **ST** ☐ Delete
NAME **SHARIA, ARVIND**
STREET ADDRESS **52-16 BARNETT LANE**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE **D** ☐ Delete
NAME **COOPER, MARC**
STREET ADDRESS **52-16 BARNETT AVE**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE **D** ☐ Delete
NAME **MIGLIORINI, PETER**
STREET ADDRESS **52-16 BARNETT AVE**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☒ Change ☐ Addition
NAME **KARSON, JAMIESON**
STREET ADDRESS **52-16 BARNETT AVE.**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Change ☐ Addition
NAME **DHARIA, ARVIND**
STREET ADDRESS **52-16 BARNETT AVE.**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ARVIND DHARIA** *Arvind Dharia* (718) 446 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #