

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005874

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



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3588231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
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. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
KARSON, JAMIESON
52-16 BARNETT AVE.
LONG ISLAND CITY, NY 11104

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PHARIA, ARVIND
52-16 BARNETT LANE
LONG ISLAND CITY, NY 11104

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000288088

04/04/05-80095-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, CFO Arvind Dharia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

(718) 308 2273

Date

Daytime Phone #