


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90002 038 \*\*\*158.75

<b>DOCUMENT # F95000005874</b> 1. Entity Name <b>STEVEN MADDEN, LTD., CO.</b>					
Principal Place of Business <b>ATTN: ALAN ROY REMULAR 52-16 BARNETT AVE ATTN LEWIS LONG ISLAND CITY, NY 11104</b>			Mailing Address <b>ATTN: ALAN ROY REMULAR 52-16 BARNETT AVE ATTN LEWIS LONG ISLAND CITY, NY 11104</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>13-3588231</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD KARSON, JAMIESON</b> <input type="checkbox"/> Delete <b>52-16 BARNETT AVE. LONG ISLAND CITY, NY 11104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOPPELMAN, CHARLES</b> <input checked="" type="checkbox"/> Delete <b>52-16 BARNETT AVE LONG ISLAND CITY, NY 11104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SINHA, AWADHESH</b> <b>52-16 BARNETT AVENUE</b> <b>LONG ISLAND CITY, NY 11104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PHARIA, ARVIND</b> <input type="checkbox"/> Delete <b>52-16 BARNETT LANE LONG ISLAND CITY, NY 11104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COOPER, MARC</b> <input type="checkbox"/> Delete <b>52-16 BARNETT AVE LONG ISLAND CITY, NY 11104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIGLIORINI, PETER</b> <input type="checkbox"/> Delete <b>52-16 BARNETT AVE LONG ISLAND CITY, NY 11104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCHWERTZ, ROBERT</b> <b>52-16 BARNETT AVENUE</b> <b>LONG ISLAND CITY, NY 11104</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: ARVIND DHARIA</b> <i>Arvind Dharia</i> <b>(918) 308 7773</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT 40098813

Steven Madden, Ltd. 52-16 Barnett Ave. Long Island City, N.Y. 11104  
Phone 718-446-1800 Fax 718-446-5599

June 21, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

RE: STEVEN MADDEN, LTD., CO. - F95000005874


Please be informed that we did not receive the 2006 Uniform Business Report prior notice. I, therefore, request that the late fee be waived. Thank you so much for your consideration.

Also, I am enclosing a check in the amount of \$158.75 representing the fee for the filing of the annual report/Uniform Business Report broken down as follows:

Filing Fee	\$150.00
Certificate of Status	8.75
Total	\$158.75
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Thank you so much for your assistance.

Very truly yours,

  
Alan Roy Kemular  
Corporate Asst Controller

Encl.



**madden  
mens**

**candie's**

**l.e.i.**  
the energy intelligence

**UNIONBAY**

**STEVEN**

**ADESSO-MADDEN**

