

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005874

Entity Name: STEVEN MADDEN, LTD., CO.

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 13-3588231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: CEO () Delete
Name: KARSON, JAMIESON
Address: 52-16 BARNETT AVE.
City-St-Zip: LONG ISLAND CITY, NY 11104

Title: ST () Delete
Name: PHARIA, ARVIND
Address: 52-16 BARNETT LANE
City-St-Zip: LONG ISLAND CITY, NY 11104

Title: D () Delete
Name: COOPER, MARC
Address: 52-16 BARNETT AVE
City-St-Zip: LONG ISLAND CITY, NY 11104

Title: D () Delete
Name: MIGLIORINI, PETER
Address: 52-16 BARNETT AVE
City-St-Zip: LONG ISLAND CITY, NY 11104

Title: COO () Delete
Name: SINHA, AWADHESH
Address: 52-16 BARNETT AVE
City-St-Zip: LONG ISLAND, NY 10104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: DHARIA, ARVIND
Address: 52-16 BARNETT LANE
City-St-Zip: LONG ISLAND CITY, NY 11104

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

Title: () Change () Addition
Name:
Address:
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 Chapter 119, 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: ARVIND DHARIA

ST

03/08/2007

Electronic Signature of Signing Officer or Director

Date