

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000045

FILED
Feb 15, 2005
Secretary of State

Entity Name: KENNETH COLE SERVICES, INC.

Current Principal Place of Business:

603 W 50TH ST
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

C/O KENNETH PRODUCTIONS INC
ATTN: LEGAL DEPT 603 W. 50TH ST
NEW YORK, NY 10019 US

New Mailing Address:

603 WEST 50TH STREET
ATTN: LEGAL DEPT.
NEW YORK, NY 10019 US

FEI Number: 22-3409780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DP () Delete
Name: COLE, KENNETH D
Address: 603 W.50TH ST
City-St-Zip: NEW YORK, NY 10019

Title: DV () Delete
Name: MAYER, STANLEY A
Address: 603 W.50TH ST
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: EDELMAN, DAVID
Address: 2 EMERSON LANE
City-St-Zip: SECAUCUS, NJ 07094

Title: S () Delete
Name: COLOSI, MICHAEL
Address: 603 W 50TH ST
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BLUM, PAUL
Address: 603 W.50TH ST
City-St-Zip: NEW YORK, NY 10019

Title: T (X) Change () Addition
Name: EDELMAN, DAVID P
Address: 2 EMERSON LANE
City-St-Zip: SECAUCUS, NJ 07094

Title: S (X) Change () Addition
Name: COLOSI, MICHAEL F
Address: 603 W 50TH ST
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL F. COLOSI

S

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date