

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000045

FILED  
Jan 04, 2010  
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:**

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

**New Mailing Address:**

**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:** PRES  
**Name:** COLE, KENNETH D  
**Address:** 603 W.50TH ST  
**City-St-Zip:** NEW YORK, NY 10019

**Title:** VP  
**Name:** PASEWALDT, DIETER  
**Address:** 603 W.50TH ST  
**City-St-Zip:** NEW YORK, NY 10019

**Title:** TREA  
**Name:** EDELMAN, DAVID P  
**Address:** 2 EMERSON LANE  
**City-St-Zip:** SECAUCUS, NJ 07094

**Title:** SEC  
**Name:** COLOSI, MICHAEL F  
**Address:** 603 W 50TH ST  
**City-St-Zip:** NEW YORK, NY 10019

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL F. COLOSI

SEC

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date