2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001345

Entity Name: ERMENEGILDO ZEGNA CORPORATION

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
	REST AVE #A OOD, NJ 0763				
Current Mailing Address:			New Mailing	New Mailing Address:	
	REST AVE #A OOD, NJ 0763				
El Number	: 13-2814304	FEI Number Applied For ()	FEI Number Not Applicat	ele () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
1201 HAY SUITE 105	ATION SERVIC S STREET 5 SSEE, FL 3230				
	e named entity s e of Florida.	submits this statement for th	e purpose of changing its r	egistered office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered	Agent	Date	
lection Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD () ACKERMAN, RO 100 W FOREST ENGLEWOOD,	ΓAVE #A	Title: Name: Address:	() Change () Addition	
	,	140 07051	City-St-Zip:		
itle: lame: lddress:		Delete A COOS FAVE#A	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	
ritle: lame: kddress: City-St-Zip: ritle: lame: kddress:	EVPD () MAVARO, LUC/ 100 W FORES ENGLEWOOD,	Delete A COOS FAVE #A NJ 07631 Delete ER FAVE #A	Title: Name: Address:	() Change () Addition () Change () Addition	
ritle: lame: ddress: city-St-Zip: ritle: lame: ddress: city-St-Zip: ritle: lame: ddress: lame: ddress:	EVPD () MAVARO, LUC/ 100 W FORES' ENGLEWOOD, T () MEAD, JENNIF 100 W FORES' ENGLEWOOD,	Delete A COOS FAVE #A NJ 07631 Delete ER FAVE #A NJ 07631 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:		
ritle: lame: lddress: City-St-Zip: ldme: lddress: City-St-Zip:	EVPD () MAVARO, LUC/ 100 W FORES' ENGLEWOOD, T () MEAD, JENNIFI 100 W FORES' ENGLEWOOD, D () SIEGEL, ALAN 100 W FORES' ENGLEWOOD,	Delete A COOS FAVE #A NJ 07631 Delete ER FAVE #A NJ 07631 Delete FAVE #A NJ 07631 Delete TAVE #A NJ 07631 Delete ITHER FAVE #A	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER MEAD

T 04/28/2009

Electronic Signature of Signing Officer or Director

Date