

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002298

1. Entity Name
STEVEN MADDEN RETAIL, INC.



Principal Place of Business
52-16 BARNETT AVENUE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY, NY 11104

Mailing Address
52-16 BARNETT AVENUE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY, NY 11104



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3850272

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAY STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000319446
04/20/05-80099-012 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME OLICKER, RICHARD
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

TITLE CEO
NAME KARSON, JAMIESON
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

TITLE ST
NAME DHARIA, ARVIND
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

TITLE D
NAME COOPER, MARC
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

TITLE CD
NAME KOPPELMAN, CHARLES
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

TITLE D
NAME MIGLIORINI, PETER
STREET ADDRESS 52-16 BARNETT AVENUE
CITY-ST-ZIP LONG ISLAND CITY, NY 11104

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *ARVIND DHARIA, CEO Arvind Dharia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

(718) 308 2273

Date

Daytime Phone #