

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002298

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: STEVEN MADDEN RETAIL, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 13-3850272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAY 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: CEOD ( ) Delete  
Name: KARSON, JAMIESON  
Address: 52-16 BARNETT AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 11104

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: COO ( ) Change (X) Addition  
Name: AWADHESH, SINHA  
Address: 52-16 BARNETT AVENUE  
City-St-Zip: LONG ISLAND CITY, NY 11104

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