

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002298

FILED
Mar 05, 2009
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 ()

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: CEO () Delete
Name: ROSENFELD, ED
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: RANDALL, RICHARD
Address: 52-16 BARNETT AVENUE
City-St-Zip: LONG ISLAND CITY, NY 11104

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

Title: COO () Delete
Name: AWADHESH, SINHA
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MADDEN, JOHN
Address: 52-16 BARNETT AVE
City-St-Zip: LONG ISLAND CITY, NY 11104

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: ARVIND DHARIA

ST

03/05/2009

Electronic Signature of Signing Officer or Director

Date