

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002681 (2)
 1. Corporation Name
RALPH LAUREN FOOTWEAR CO., INC.



Principal Place of Business 220 DONALD J. LYNCH BLVD MARLBORO MA 01752	Mailing Address 220 DONALD J. LYNCH BLVD MARLBORO MA 01752
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 05/29/1996	
4. FEI Number 04-3241042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WATCHMAKER, JENNETH	
STREET ADDRESS	1000 TECH CTR DR	
CITY-ST-ZIP	STOUGHTON MA	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	NAGLER, BARRY	
STREET ADDRESS	100 TECCH CTR DR	
CITY-ST-ZIP	STOUGHTON MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VANNONI, LEO S	
STREET ADDRESS	100 TECHNOLOGY CENTER DRIVE	
CITY-ST-ZIP	STOUGHTON MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SLOSS, MERLE	
STREET ADDRESS	220 DONALD J. LYNCH BLVD	
CITY-ST-ZIP	MARLBORO MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANGEL	
STREET ADDRESS	220 DONALD J. LYNCH BLVD	
CITY-ST-ZIP	MARLBORO MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUFFY, J K	
STREET ADDRESS	100 TECHNOLOGY CENTER DRIVE	
CITY-ST-ZIP	STOUGHTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Watchmaker, Kenneth	
1.3 STREET ADDRESS	100 Technology Center Drive	
1.4 CITY-ST-ZIP	Stoughton, MA 02072	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS	100 Technology Center Drive	
2.4 CITY-ST-ZIP	Stoughton, MA 02072	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CF2E034 (10/97)