2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# F96000002681

Entity Name: RALPH LAUREN FOOTWEAR CO., INC.

Current Principal Place of Business:

1895 JW FOSTER BLVD
CANTON, MA 02021

New Principal Place of Business:

Current Mailing Address:

1895 JW FOSTER BLVD
CANTON, MA 02021

New Mailing Address:

FEI Number: 04-3241042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS 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: DEBORAH D. SKIPPER

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARGOLIS, JAY
Address: 1895 JW FOSTER BLVD
City-St-Zip: CANTON, MA 02021

Title: D ( ) Delete
Name: WATCHMAKER, KENNETH
Address: 1895 JW FOSTER BLVD
City-St-Zip: CANTON, MA 02021

Title: D ( ) Delete
Name: PACE, DAVID
Address: 1895 JW FOSTER BLVD
City-St-Zip: CANTON, MA 02021

Title: PCEO ( ) Delete
Name: PILLOW, TERRY
Address: 120 EAST 56TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: T ( ) Delete
Name: CHAGNON, THOMAS
Address: 1895 JW FOSTER BLVD
City-St-Zip: CANTON, MA 02021

Title: C ( ) Delete
Name: PACE, DAVID A
Address: 1895 JW FOSTER BLVD
City-St-Zip: CANTON, MA 02021

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID A. PACE C 02/14/2005

Electronic Signature of Signing Officer or Director Date