

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90039 007 \*\*\*150.00

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1. Corporation Name

TOMMY HILFIGER RETAIL, INC.

Principal Place of Business

18 THATCHER RD  
DAYTON NJ 08810  
US

Mailing Address

18 THATCHER RD  
DAYTON NJ 08810  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

11-3180944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 112 TRUMAN AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 112 TRUMAN AVE  
Suite, Apt. #, etc.

City & State

23 EDISON, NJ  
Zip Country

24 08818 25 USA

City & State

28 EDISON NJ  
Zip Country

29 08818 30 USA

9. Name and Address of Current Registered Agent

KNELLER, WILLIAM  
10406 EMERALD COAST PARKWAY #77  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

1/28/99

12. OFFICERS AND DIRECTORS

TITLE VCD  
NAME HILFIGER, TOMMY  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

TITLE D  
NAME CHOU, SILAS  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

TITLE D  
NAME STROLL, LAWRENCE  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

TITLE PD  
NAME HOROWITZ, LAWRENCE  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

TITLE V  
NAME NEWMAN, JOEL  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

TITLE S  
NAME GURSKY, STEVEN R  
STREET ADDRESS 112 TRUMAN DRIVE  
CITY-ST-ZIP EDISON NJ 08818 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO  
1.2 NAME William Kneller  
1.3 STREET ADDRESS 112 TRUMAN DRIVE  
1.4 CITY-ST-ZIP EDISON NJ 08818 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)