## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F9900001032 MARIANNE USPR. INC. 03-05-2001 90069 049 \*\*\*150.00 Principal Place of Business Mailing Address C/O URBAN BRANDS, INC. C/O URBAN BRANDS, INC. 100 METRO WAY 100 METRO WAY -00071711 SECAUCUS NJ 07094 SECAUCUS NJ 07094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-3622193 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. CR2E034 (10/00) TITLE <del>-019-</del> 🔀 Delete TITLE Change ☐ Addition NAME SITT, JOSEPH J. STREET ADDRESS STREET ADDRESS 100 METRO WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ Change ☐ Addition TITLE ☐ Delete TITLE NAME KLEIN, JEFFREY A STREET ADDRESS STREET ADDRESS 100 METRO WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 EXEC. VP & CFO & DIRECTOR Change STEVEN J. LAMB ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 100 METRO WAY 07094 CITY-ST-ZIP CITY-ST-ZIP SECAUCUS, NJ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITL€ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STEVEN J. LAMB
EXECUTIVE VICE PRESIDENT &

FILED