

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001409

Entity Name: KATE SPADE LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

ONE CLAIBORNE AVE  
TAX DEPT. 8TH FLOOR  
NORTH BERGEN, NJ 07047

## New Principal Place of Business:

## Current Mailing Address:

ONE CLAIBORNE AVE  
TAX DEPT. 8TH FLOOR  
NORTH BERGEN, NJ 07047

## New Mailing Address:

FEI Number: 13-4039945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete  
Name: WEISZ, MARK D  
Address: ONE CLAIBORNE AVE 8TH FLOOR  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: CFO ( ) Delete  
Name: WARREN, ANDREW  
Address: ONE CLAIBORNE AVE 8TH FLOOR  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: S ( ) Change (X) Addition  
Name: RUBINO, NICHOLAS  
Address: ONE CLAIBORNE AVE  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: T ( ) Change (X) Addition  
Name: VILL, ROBERT J  
Address: ONE CLAIBORNE AVE  
City-St-Zip: NORTH BERGEN, NJ 07047

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK D. WEISZ

VP

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date