

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90053 027 \*\*\*\*50.00

**60043848**



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **01-0757279** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE \_\_\_\_\_  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **GARTEN, WAYNE P**  
CITY-ST-ZIP **1500 HARBOR BLVD.**  
**WEEHAWKEN, NJ 07086**

TITLE \_\_\_\_\_  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **BARSKY, DANIEL J**  
CITY-ST-ZIP **1500 HARBOR BLVD.**  
**WEEHAWKEN, NJ 07086**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

## 10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME **SEE ATTACHED** ☐ Change ☒ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Steven Lipner* **STEVEN LIPNER** 4/23/2007 (201) 272-3187

# ATTACHMENT

60043848

# M06000004079

HANOVER DIRECT MANUFACTURING, LLC

01-0757279

MANAGERS	TITLE	ADDRESS
Wayne P. Garten	Manager	1500 Harbor Boulevard Weehawken, NJ 07086
Daniel J. Barsky	Manager	1500 Harbor Boulevard Weehawken, NJ 07086
OFFICERS	TITLE	ADDRESS
Anita Iodice	President	1500 Harbor Boulevard Weehawken, NJ 07086
Thomas Garvey	Sr. VP & CFO	1500 Harbor Boulevard Weehawken, NJ 07086
Daniel J. Barsky	VP & Sec.	1500 Harbor Boulevard Weehawken, NJ 07086
Steven Lipner	VP	1500 Harbor Boulevard Weehawken, NJ 07086
Pat Kelly	VP & Assist. Sec.	1500 Harbor Boulevard Weehawken, NJ 07086
Wayne P. Garten	Chairman	1500 Harbor Boulevard Weehawken, NJ 07086