**FILED** 

Daytime Phone #

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

## Sep 12, 2001 8:00 am Secretary of State P00000059328 DOCÚMENT # ... Entity Name MACWEAR, INC. 09-12-2001 90030 026 \*\*\*550.00 Principal Place of Business Mailing Address 600 MADISON AVENUE 600 MADISON AVENUE 12TH FLOOR 12TH FLOOR NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 52-2253003 Not Applicable Zip Country Zip 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President & Director ☐ Change X Addition TITLE ☐ Delete NAME NAME Steven Siegler STREET ADDRESS STREET ADDRESS 1343 Third Avenue CITY-ST-ZIP New York, NY 10021 CITY-ST-ZIP Vice Pres. & Director X Addition TITLE ☐ Detete TITLE Change NAME NAME John McLaughlin 1343 Third Avenue New York, NY 10021 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice Pres. Director ☐ Delete Change X Addition TITLE NAME Kevin McLaughlin NAME 1343 Third Avenue STREET ADDRESS STREET ADDRESS New\_York, NY\_10021 CITY-ST-ZIP CITY: ST-ZIP... Secretary **X** Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Ralph J. Galasso 600 Madison Avenue, 12th Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, NY 10022 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 13. 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.

JUIRED, Ralph J. Galasso \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: