

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 17, 2005  
Secretary of State

DOCUMENT# P01800

Entity Name: FERRAGAMO U S A, INC.

## Current Principal Place of Business:

663 FIFTH AVENUE  
NEW YORK, NY 100225309

## New Principal Place of Business:

663 FIFTH AVENUE  
NEW YORK, NY 100225309 US

## Current Mailing Address:

663 FIFTH AVENUE  
NEW YORK, NY 100225309

## New Mailing Address:

663 FIFTH AVENUE  
NEW YORK, NY 100225309 US

FEI Number: 13-6180843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALLEY, MAAS, ROGERS & LINDSAY, P.A.  
321 ROYAL POINCIANA PLAZA, SOUTH  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
321 ROYAL POINCIANA PLAZA, SOUTH  
PALM BEACH, FL 33480 US

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: LOU HAMBY

10/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: FERRAGAMO, WANDA,  
Address: VIA TORNABUONI 2  
City-St-Zip: FLORENCE, ITALY,

Title: EVPD ( ) Delete  
Name: FERRAGAMO, FERRUCCIO,  
Address: VIA TORNABUONI 2  
City-St-Zip: FLORENCE, ITALY,

Title: SD ( ) Delete  
Name: PAVIA, GEORGE M.,  
Address: 600 MADISON AVENUE  
City-St-Zip: NEW YORK, NY

Title: AS ( ) Delete  
Name: FISCHER, CYNTHIA G.,  
Address: 600 MADISON AVENUE  
City-St-Zip: NEW YORK, NY

Title: CFO ( ) Delete  
Name: OTTOMANELLI, VINCENT  
Address: 700 CASTLE ROAD  
City-St-Zip: SECAUCUS, NJ 07094

Title: EVP ( ) Delete  
Name: FERRAGAMO, LEONARDO  
Address: VIA TORNABUONI 2  
City-St-Zip: FLORENCE, IT

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT OTTOMANELLI

CFO

10/17/2005

Electronic Signature of Signing Officer or Director

Date