

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90070 049 ***150.00

DOCUMENT # P04716

1. Corporation Name
H.H.B.K., INC.

Principal Place of Business

C/O HANOVER DIRECT. INC.
1500 HARBOR BLVD.
WEEHAWKEN NJ 07087
US

Mailing Address

C/O HANOVER DIRECT. INC.
1500 HARBOR BLVD.
WEEHAWKEN NJ 07087
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1985

4. FEI Number

13-2770055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SVODOBA, LARRY
STREET ADDRESS 1500 HARBOR BLVD
CITY-ST-ZIP WEEHAWKEN NJ 07087

TITLE VTSD ☒ DELETE
NAME O'BRIEN, EDWARD
STREET ADDRESS 1500 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE AS ☐ DELETE
NAME HEWITT, SARAH
STREET ADDRESS % BROWN RAYSMAN ETAL., 120 W 45TH ST
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, Tres. and Director ☐ Change ☒ Addition
1.2 NAME Robert Vill
1.3 STREET ADDRESS 1500 Harbor Blvd.
1.4 CITY-ST-ZIP Weehawken, NJ 07087

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Monte E. Wetzler
2.3 STREET ADDRESS c/o Brown Raysman, 120 West 45th Street
2.4 CITY-ST-ZIP New York, NY 10036

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/13/99
Date

(212) 944-1515

Daytime Phone #

CR2E034 (11/98)