

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09567

FILED
Apr 17, 2009
Secretary of State

Entity Name: SAMSONITE COMPANY STORES, INC.

Current Principal Place of Business:

575 WEST STREET
SUITE 110
MANSFIELD, MA 02048 US

New Principal Place of Business:

Current Mailing Address:

C/O SAMSONITE CORPORATION
575 WEST STREET
MANSFIELD, MA 02048 US

New Mailing Address:

FEI Number: 35-1656266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: LIVINGSTON, JOHN B
Address: 575 WEST ST., STE 110
City-St-Zip: MANSFIELD, MA 02048

Title: PD () Delete
Name: KORBAS, TOM
Address: 575 WEST ST., STE 110
City-St-Zip: MANSFIELD, MA 02048

Title: STD () Delete
Name: WILEY, RICHARD H
Address: 4 MONDIAL WAY, HARLINGTON, HAYES
City-St-Zip: MIDDLESEX, MI UB3 5AR UK

Title: VPM () Delete
Name: ZUCKER, MIKE
Address: 575 WEST ST., STE 110
City-St-Zip: MANSFIELD, MA 02048

Title: AT () Delete
Name: GENDREAU, KYLE F
Address: 575 W ST STE 110
City-St-Zip: MANSFIELD, MA

Title: AT () Delete
Name: WALDEN, DONALD E
Address: 575 WEST ST., STE 110
City-St-Zip: MANSFIELD, MA 02048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: GENDREAU, KYLE F
Address: 575 WEST STREET, SUITE 110
City-St-Zip: MANSFIELD, MA 02048 US

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

Title: VP (X) Change () Addition
Name: COOPER, ROBERT W
Address: 575 W ST STE 110
City-St-Zip: MANSFIELD, MA

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

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 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: JOHN B. LIVINGSTON

AS

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date