

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90001 026 ***158.75

DOCUMENT # P12662

1. Corporation Name
BROOKS BROTHERS, INC.

Principal Place of Business
346 MADISON AVENUE
NEW YORK NY 10017

Mailing Address
346 MADISON AVENUE
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1986

4. FEI Number

51-0297084

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

MICHAEL FLANAGAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASD ☐ DELETE
NAME STONE, LEWIS BART
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME GROMEK, JOSEPH R
STREET ADDRESS 346 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~SRV~~ ☐ DELETE
NAME MARVIN COOPER
STREET ADDRESS 346 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

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

TITLE ~~V~~ ☐ DELETE
NAME FLANAGAN, MICHAEL
STREET ADDRESS 346 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10017

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SR.VP
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~SRVS~~ ☐ DELETE
NAME MARTYN OSBORNE
STREET ADDRESS 346 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ DELETE
NAME CHRIS LITTMODEN
STREET ADDRESS 346 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)