

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91728 031 \*\*\*158.75

**DOCUMENT # P12662**

1: Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0297084**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYES STREET  
 TALLAHASSEE FL 32301**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NOVACK, MINDY</b>	
STREET ADDRESS	<b>346 MADISON AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROMEK, JOSEPH R</b>	
STREET ADDRESS	<b>346 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLANAGAN, MICHAEL</b>	
STREET ADDRESS	<b>346 MADISON AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>EV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTYN OSBORNE</b>	
STREET ADDRESS	<b>346 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MC CRACKEN, PHILIP G</b>	
STREET ADDRESS	<b>346 MADISON AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>LIST ATTACHED.</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: BRIAN BAUMANN **05-08-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

BROOKS BROTHERS  
OFFICERS

# P12662

CLAUDIO DEL VECCHIO  
CEO  
346 MADISON AVENUE  
NEW YORK, NY 10017

MARK SHULMAN  
COO  
346 MADISON AVENUE  
NEW YORK, NY 10017

BRIAN BAUMANN  
CFO  
346 MADISON AVENUE  
NEW YORK, NY 10017

EUGENE FEOLA  
VICE PRESIDENT  
346 MADISON AVENUE  
NEW YORK, NY 10017

*Attachment*

BROOKS BROTHERS

DIRECTORS

# P12662

CLAUDIO DEL VECCHIO  
346 MADISON AVENUE  
NEW YORK, NY 10017

MARK SHULMAN  
346 MADISON AVENUE  
NEW YORK, NY 10017

EUGENE FEOLA  
346 MADISON AVENUE  
NEW YORK, NY 10017