

1. Entity Name

ESCADA (USA) INC.

Principal Place of Business

Mailing Address

WORTH AVE
BEACH FL 3348010 MULHOLLAND DRIVE
RETAIL ACCOUNTING DEPT.
HASBROUCK HEIGHTS NJ 07604-3125
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3392503

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

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete☐ Change ☐ AdditionTITLE
PCOO
DEPARIS, LAWRENCE C
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604☐ Delete☐ Change ☐ AdditionTITLE
VCFO
MARQUES, CHRISTIAN D
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604☐ Delete☐ Change ☐ AdditionTITLE
T
MARQUES, CHRISTIAN D
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604☐ Delete☐ Change ☐ AdditionTITLE
VCTO
BEESLEY, EDWARD
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604☒ Delete☐ Change ☐ AdditionTITLE
C
PRUSAKOWSKI, GARY
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS NJ 07604☐ Delete☐ Change ☐ AdditionTITLE
PCMO
Caryn Lerner
10 Mulholland Dr
Hasbrouck Heights, NJ 07604☐ Delete☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Escada (USA) Inc.
Officers
December, 1999

Name	Title	Date of Birth	SSN
Lawrence C. DeParis	President and Chief Operating Officer	10/25/1956	109-52-0712

318 West End Avenue			
Ridgewood, NJ 07450			
201-251-9540			

Attachment
#P18471

#1036

0010229C

CR2E034 (9/99)