2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90067 024 ***150.00

DOCUMENT # P18471

1. Entity Name
ESCADA (USA) INC.

Principal Place of Business	Mailing Address
ESCADA 222 WORTH AVE PALM BEACH, FL 33480 US	10 MULHOLLAND DRIVE RETAIL ACCOUNTING DEPT. HASBROUCK HEIGHTS, NJ 07604 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3392503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCOO
NAME	DEPARIS, LAWRENCE C
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604
TITLE	VCFO
NAME	MARQUES, CHRISTIAN D
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604
TITLE	T
NAME	MARQUES, CHRISTIAN D
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604
TITLE	C
NAME	PRUSAKOWSKI, GARY
STREET ADDRESS	10 MULHOLLAND DRIVE
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Rooney 2/9/05 (201)462-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #