

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90005 001 ***150.00

DOCUMENT # P18471

1. Entity Name
ESCADA (USA) INC.



Principal Place of Business
**ESCADA
222 WORTH AVE
PALM BEACH, FL 33480 US**

Mailing Address
**10 MULHOLLAND DRIVE
RETAIL ACCOUNTING DEPT.
HASBROUCK HEIGHTS, NJ 07604 US**

40132401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1412 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

09122007

Chg-P

CR2E034 (12/06)

City & State

City & State

New York, NY

4. FEI Number

13-3392503

Applied For

Not Applicable

Zip

Country

Zip

Country

10018

USA

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
DEPARIS, LAWRENCE C
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1412 Broadway
NY, NY 10018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
MARQUES, CHRISTIAN D
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1412 Broadway
NY, NY 10018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARQUES, CHRISTIAN D
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1412 Broadway
NY, NY 10018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
PRUSAKOWSKI, GARY
10 MULHOLLAND DRIVE
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1412 Broadway
NY, NY 10018** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #