

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P19145

1. Entity Name
SAFILO USA, INC.



Principal Place of Business
**801 JEFFERSON ROAD
PARSIPPANY, NJ 07054-3753 US**

Mailing Address
**801 JEFFERSON ROAD
PARSIPPANY, NJ 07054-3753 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1982071

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

6. 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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME LEOB, M
STREET ADDRESS 3 SYCAMORE
CITY-ST-ZIP WOODCLIFFE LAKE, NJ

TITLE VS
NAME JUDGE, JOHN
STREET ADDRESS 801 JEFFERSON ROAD
CITY-ST-ZIP PARSEPPANY, NJ 07054

TITLE CD
NAME TABACCHI, VITTORIO
STREET ADDRESS 7A STRADA N20
CITY-ST-ZIP PADOVA, ITALY,

TITLE PD
NAME GOTTARDI, CLAUDIO
STREET ADDRESS 801 JEFFERSON ROAD
CITY-ST-ZIP PARSEPPANY, NJ 07054

TITLE T
NAME LORENZON, GIANNINO
STREET ADDRESS 7A STRADA N20
CITY-ST-ZIP PADOVA, IT

TITLE V
NAME RUSSO, RICHARD
STREET ADDRESS 801 JEFFERSON RD
CITY-ST-ZIP PARSEPPANY, NJ 07054

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04/17/07-80100-017 150.00

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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 #