

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90157 011 \*\*\*150.00

DOCUMENT # **P20403**

1. Corporation Name

**SALANT CORPORATION**

Principal Place of Business

**1058 CLAUSSEN RD. STE 101  
ATTN TAX DEPT  
AUGUSTA GA 30907**

Mailing Address

**1058 CLAUSSEN RD. STE 101  
ATTN TAX DEPT  
AUGUSTA GA 30907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/08/1988**

4. FEI Number

**13-3402444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **EVP** ☒ DELETE  
NAME **FRANZEL, PHILIP A**  
STREET ADDRESS **1114 AVE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE  
NAME **FALK, ROBERT**  
STREET ADDRESS **1114 AVE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ DELETE  
NAME **KAHN, TODD**  
STREET ADDRESS **1114 AVENUE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE  
NAME **JORDAN, ANN DIBBLE**  
STREET ADDRESS **1114 AVE OF TH AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE  
NAME **MARVIN SCHILLER**  
STREET ADDRESS **1114 AVE OF TH AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **Setola, Michael**  
1.3 STREET ADDRESS **1114 Ave of the Americas**  
1.4 CITY-ST-ZIP **New York, NY 10036**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **Sinha, Awadhesh**  
2.3 STREET ADDRESS **1114 Ave of the Americas**  
2.4 CITY-ST-ZIP **New York, NY 10036**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **T** ☐ Change ☒ Addition  
6.2 NAME **Bennett, Bill**  
6.3 STREET ADDRESS **1114 Ave of the Americas**  
6.4 CITY-ST-ZIP **New York, NY 10036**

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)

# P20403  
389736-90157-11

**SALANT CORPORATION**

**BOARD OF DIRECTORS**

Harold Leppo  
71 Lynam Road  
Stanford, CT 06903

Bruce Roberts  
Textiles Distributors Association  
104 West 40 Street, 18th Floor  
New York, NY 10018

John Rodgers  
Salant Corporation  
1114 Avenue of the Americas  
17th Floor  
New York, NY 10036