

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90043 044 ***150.00

DOCUMENT # P33318

1. Corporation Name

CALVIN KLEIN, INC.

Principal Place of Business

205 WEST 39TH STREET
NEW YORK NY 10018

Mailing Address

205 WEST 39TH STREET
NEW YORK NY 10018



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1991

4. FEI Number

13-3289782

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

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	VCD	<input type="checkbox"/> DELETE
NAME	KLEIN, CALVIN	
STREET ADDRESS	205 WEST 39TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, RICHARD A	
STREET ADDRESS	460 7TH AVENUE - 205 W. 39TH ST	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIPAOLA, ROBERT B.	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MILES-GRAETER, DEIRDRE	
STREET ADDRESS	205 WEST 39TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BARRY	
STREET ADDRESS	205 WEST 39TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FORTE, GABRIELLA	
STREET ADDRESS	205 WEST 39TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard A. Martin
2.3 STREET ADDRESS	Corporate President
2.4 CITY-ST-ZIP	Finance & Administration
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)