

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P40397

1. Entity Name
DANSKIN, INC.



Principal Place of Business
**530 7TH AVE MI
NEW YORK, NY 10018 US**

Mailing Address
**530 7TH AVE MI
NEW YORK, NY 10018 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1284179

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**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	C
NAME	SCHUPAK, DONALD
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	CEO
NAME	HOCHMAN, CAROL
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	S
NAME	PRITCHARD, MARGIE
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	D
NAME	SHELTON, LARRY
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	D
NAME	MCLEMORE, NINA
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	EVPC
NAME	SARTO, JOHN
STREET ADDRESS	530 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10018

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02/21/05-80033-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Margie B. Pritchard

Date

Daytime Phone #

1-24-05 212-930-9115

sup Business Development