
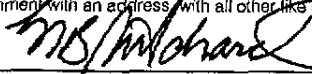


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P40397</b>		
1. Entity Name <b>DANSKIN, INC.</b>		
Principal Place of Business <b>530 7TH AVE MI NEW YORK, NY 10018 US</b>		Mailing Address <b>530 7TH AVE MI NEW YORK, NY 10018 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01062006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>62-1284179</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	O	
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	
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: 		1-12-06 212-930-9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

SUP Business Development