

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001833

Entity Name: JH APPAREL (US) LLC

Current Principal Place of Business:

1411 BROADWAY
NEW YOPRK, NY 10018

Current Mailing Address:

180 RITTENHOUSE CIRCLE
ATTN: SAMANTHA PICKETT
BRISTOL, PA 19008 US

FEI Number: 46-4945808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name JH APPAREL HOLDINGS LLC (SOLE MEMBER)
Address 1441 BROADWAY
City-State-Zip: NEW YOPRK NY 10018

Title PRESIDENT
Name SCHIPANI, RALPH A.
Address 1411 BROADWAY
City-State-Zip: NEW YORK NY 10018

Title TREASURER
Name DONNALLEY, JOSEPH T.
Address 180 RITTENHOUSE CIRCLE
City-State-Zip: BRISTOL PA 19008

Title VP
Name DONNALLEY, JOSEPH T.
Address 180 RITTENHOUSE CIRCLE
City-State-Zip: BRISTOL PA 19008

Title SECRETARY
Name LIND, PATRICIA ANNE
Address 1411 BROADWAY
15TH FLOOR
City-State-Zip: NEW YOPRK NY 10018

Title VP
Name LIND, PATRICIA ANNE
Address 1411 BROADWAY
15TH FLOOR
City-State-Zip: NEW YOPRK NY 10018

Title VP
Name TROY, STEPHEN C.
Address 180 RITTENHOUSE CIRCLE
City-State-Zip: BRISTOL PA 19008

Title VP
Name FISHMAN, DANIEL J.
Address 1411 BROADWAY
4TH FLOOR
City-State-Zip: NEW YOPRK NY 10018

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. DONNALLEY

TREASURER

04/29/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name GENTILE, LAURIE J.
Address 1411 BROADWAY
15TH FLOOR
City-State-Zip: NEW YOPRK NY 10018