

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morison  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # 473299 (6)**

1. Corporation Name

**CACHE, INC.**

Principal Place of Business

1460 BROADWAY, 16TH FL.  
NEW YORK NY 10036

Mailing Address

1460 BROADWAY, 16TH FL.  
NEW YORK NY 10036

3. Date Incorporated or Qualified **04/25/1975** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1588181** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>WARNER, MICHAEL</b>
STREET ADDRESS	<b>1460 BROADWAY, 16TH FL.</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>CD</b>
NAME	<b>SAUL, ANDREW</b>
STREET ADDRESS	<b>1460 BROADWAY, 16TH FL.</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b>
NAME	<b>SAUL, JOSEPH</b>
STREET ADDRESS	<b>1460 BROADWAY, 16TH FL.</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b>
NAME	<b>REINCKENS, THOMAS E.</b>
STREET ADDRESS	<b>1460 BROADWAY, 16TH FL.</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b>
NAME	<b>HOOS, MAE SOO</b>
STREET ADDRESS	<b>1460 BROADWAY</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>Secretary</b>
53. STREET ADDRESS	<b>Victor J. Coster</b>
54. CITY - ST - ZIP	<b>1460 Broadway New York, NY 10036</b>
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption found in Section 119.07(3)(k), 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.

SIGNATURE:

*Victor J. Coster* Victor J. Coster

4/25/95 (212) 840-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #