

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90123 005 \*\*\*158.75

**DOCUMENT # 473299**

1. Entity Name  
**CACHE, INC.**



Principal Place of Business      Mailing Address

**1460 BROADWAY, 16TH FL.  
 15TH FL.  
 NEW YORK NY 10036  
 US**

**1460 BROADWAY, 16TH FL.  
 15 FL.  
 NEW YORK NY 10036  
 US**

2. Principal Place of Business      3. Mailing Address

**1440 Broadway 5th Fl**      **1440 Broadway**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**New York**      **5th Fl**

City & State      City & State

**New York**      **New York, NY**

Zip      Country      Zip      Country

**10018**           **10018**           **US**      **US**



MOORE CR2E034 (11/03)

4. FEI Number **59-1588181**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WOOLF, BRIAN 1460 BROADWAY 1440 Broadway 5th Fl NEW YORK NY 10036 New York, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW M. SAUL 1440 Broadway 5th Fl New York, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUL, JOSEPH 1460 BROADWAY, 16TH FL. 1440 Broadway 5th Fl NEW YORK NY New York, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP, DAVID, DESJARDINS 1440 Broadway 5th Fl New York, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINCKENS, THOMAS E 1460 BROADWAY 1440 Broadway 5th Fl NEW YORK, NY 10036 NY, NY 10010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTER, VICTOR J 1460 BROADWAY 1440 Broadway 5th Fl NEW YORK NY NY, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON SCHRADER, HURTON J 1460 BROADWAY 1440 Broadway 5th Fl NEW YORK NY 10006 NY, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ MINTZ, ARTHUR S 1460 BROADWAY 1440 Broadway 5th Fl NEW YORK NY 10006 NY, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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:** Victor J. Coster      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR