

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90298 024 \*\*\*158.75

**DOCUMENT # 473299**

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

Principal Place of Business <b>1460 BROADWAY, 16TH FL.          15TH FL          NEW YORK NY 10036          US</b>	Mailing Address <b>1460 BROADWAY, 16TH FL.          15 FL          NEW YORK NY 10036          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1588181</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC.          110 NORTH MAGNOLIA STREET          TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SAUL, ANDREW</b> <b>1460 BROADWAY, 16TH FL.</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Chief Executive Officer &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brian Woolf</b> <b>1460 Broadway</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAUL, JOSEPH</b> <b>1460 BROADWAY, 16TH FL.</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REINCKENS, THOMAS E.</b> <b>1460 BROADWAY, 16TH FL.</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	<b>President &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Thomas E. Reinckens</b> <b>1460 Broadway</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOOS, MAE SOO</b> <b>1460 BROADWAY</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	<b>Vice President &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Roy C. Smith</b> <b>1460 Broadway</b> <b>New York, NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COSTER, VICTOR J</b> <b>1460 BROADWAY</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDBERG, MARK</b> <b>1460 BROADWAY, 15TH FL</b> <b>NY NY 10036</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor J. Coster Victor J. Coster 4/20/01 (212)575-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)