

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P19145

1. Entity Name
SAFILO USA, INC.



Principal Place of Business
**801 JEFFERSON ROAD
PARSIPPANY, NJ 07054-3753 US**

Mailing Address
**801 JEFFERSON ROAD
PARSIPPANY, NJ 07054-3753 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1982071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEOB, M
3 SYCAMORE
WOODCLIFFE LAKE, NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
JUDGE, JOHN
801 JEFFERSON ROAD
PARSIPPANY, NJ 07054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
TABACCHI, VITTORIO
7A STRADA N20
PADOVA, ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOTTARDI, CLAUDIO
801 JEFFERSON ROAD
PARSIPPANY, NJ 07054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LORENZON, GIANNINO
7A STRADA N20
PADOVA, IT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RUSSO, RICHARD
801 JEFFERSON RD
PARSIPPANY, NJ 07054**

000000450915
03/10/06-80021-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Judge C.F.O.

2/17/06

973-952-2300

Date

Daytime Phone #