

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90233 023 \*\*\*150.00

DOCUMENT # P19145

1. Corporation 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1988

4. FEI Number

13-1982071

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME LEOB, M  
STREET ADDRESS 3 SYCAMORE  
CITY-STATE-ZIP WOODCLIFFE LAKE NJ

TITLE V ☐ DELETE

NAME JUDGE, JOHN  
STREET ADDRESS 801 JEFFERSON ROAD  
CITY-STATE-ZIP PARSIIPPANY NJ 07054

TITLE PD ☐ DELETE

NAME TABACCHI, VITTORIO  
STREET ADDRESS 7A STRADA N20  
CITY-STATE-ZIP PADOVA, ITALY

TITLE COO ☐ DELETE

NAME GOTTARDI, CLAUDIO  
STREET ADDRESS 801 JEFFERSON ROAD  
CITY-STATE-ZIP PARSIIPPANY NJ 07054

TITLE DT ☒ DELETE

NAME KIM, KENNETH  
STREET ADDRESS 801 JEFFERSON ROAD  
CITY-STATE-ZIP PARSIIPPANY NJ 07054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Judge  
SR. Vice President

Date

4/20/99 973-952-2800  
Daytime Phone #

CR2E034 (1/98)