

1.) CORPORATION NAME:

**totes Isotoner Corporation**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0434318**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9655 INTERNATIONAL BOULEVARD

CITY/ST/ZIP: CINCINNATI, OH 45246

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: DOUGLAS GERNERT TITLE: P/CEO ADDRESS: 9655 INTERNATIONAL BLVD CITY/ST/ZIP/CO: CINCINNATI, OH 45246</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONNA H DEYE TITLE: SR VP/CFO ADDRESS: 9655 INTERNATIONAL BLVD CITY/ST/ZIP/CO: CINCINNATI, OH 45246</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS BALDWIN TITLE: DIRECTOR ADDRESS: 126 E 56TH STREET 29TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID BASTO TITLE: DIRECTOR ADDRESS: 320 PARK AVENUE 17TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DOUG FOX TITLE: DIRECTOR ADDRESS: 223 WALL STREET CITY/ST/ZIP/CO: HINTINGTON, NY 11143</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVE HARRIS TITLE: DIRECTOR ADDRESS: 10523 N GAZEBO HILL PKWY CITY/ST/ZIP/CO: MEQUON, WI 53092</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED HOST DIRECTOR 26670 ROCKERY LAKE DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB SHARP DIRECTOR 320 PARK AVE, 17TH FL NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DONNA H DEYE	DONNA H DEYE, SR VP/CFO	7/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.