

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213529307

1.) CORPORATION NAME:

JAG Footwear, Accessories and Retail Corporation

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1048844**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 RITTENHOUSE CIRCLE

CITY/ST/ZIP: BRISTOL, PA 19007

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.

NAME: RICHARD DICKSON OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 265 EAST 66TH APT 40G
CITY/ST/ZIP/CO: NEW YORK, NY 10065

NAME: IRA M DANSKY OFFICER DIRECTOR
TITLE: VP, SECRETARY
ADDRESS: 9 SANDY LANE
CITY/ST/ZIP/CO: GREENWICH, CT 06831

NAME: JOSEPH T DONNALLEY OFFICER DIRECTOR
TITLE: TREASURER, VP
ADDRESS: 1837 THORNBURY DRIVE
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002

NAME: BETH BARBAN DORFSMAN OFFICER DIRECTOR
TITLE: VP, ASST SECTR
ADDRESS: 38 LUMANOR DRIVE
CITY/ST/ZIP/CO: STAMFORD, CT 06903

NAME: STEPHEN C TROY OFFICER DIRECTOR
TITLE: VP OF FINANCE
ADDRESS: 9 RED CEDAR DRIVE
CITY/ST/ZIP/CO: LEVITTOWN, PA 19055

NAME: CHRISTOPHER CADE OFFICER DIRECTOR
TITLE: ASST TREASURER
ADDRESS: 1825 JENKINS DRIVE
CITY/ST/ZIP/CO: EASTON, PA 18040

NAME: MICHAEL DEMKO TITLE: ASST TREASURER ADDRESS: 311 CEDAR MANOR DRIVE CITY/ST/ZIP/CO: MOUNTAIN TOP, PA 18707	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAUL D'ADAMO TITLE: ASST SECRETARY ADDRESS: 2128 ROBBINS STREET CITY/ST/ZIP/CO: PHILADELPHIA, PA 19149	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TAMI J FERSCO TITLE: CFO ADDRESS: 6 KNOLLWOOD DRIVE CITY/ST/ZIP/CO: LIVINGSTON, NJ 07039-3110	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAURIE J GENTILE TITLE: ASST SECRETARY ADDRESS: 19 TANGLEWILD ROAD CITY/ST/ZIP/CO: CHAPPAQUA, NY 10514	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PATRICIA ANNE LIND TITLE: ASST SECRETARY ADDRESS: 171 WOOD HOUSE ROAD CITY/ST/ZIP/CO: FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HELEN SHIN TITLE: ASST SECRETARY ADDRESS: 1675 YORK AVENUE CITY/ST/ZIP/CO: APT #23G NEW YORK, NY 10128	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WESLEY R CARD TITLE: DIRECTOR ADDRESS: 53 PAINE AVENUE CITY/ST/ZIP/CO: PRIDES CROSSING, MA 01965	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ JOSEPH T DONNALLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH T DONNALLEY, TREASURER, VP PRINTED NAME AND CORPORATE TITLE
6/24/2013 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.	