

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213529280

1.) CORPORATION NAME:

Jones Apparel Group USA, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1795311**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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: 1411 BROADWAY
CITY/ST/ZIP/CO: NEW YORK, NY 10018

NAME: CHRISTOPHER CADE OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 180 RITTENHOUSE CIRCLE
CITY/ST/ZIP/CO: BRISTOL, PA 19007

NAME: JOSEPH T DONNALLEY OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 180 RITTENHOUSE CIRCLE
CITY/ST/ZIP/CO: BRISTOL, PA 19007

NAME: IRA M DANSKY OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 1411 BROADWAY 36TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10018

NAME: BETH BARBAN DORFSMAN OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 1129 WESTCHESTER AVE
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604

NAME: LAURIE J. GENTILE OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 1129 WESTCHESTER AVE
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604

NAME: PATRICIA ANNE LIND TITLE: ASST SECRETARY ADDRESS: 1129 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN T MCCLAIN TITLE: CFO ADDRESS: 1411 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HELEN SHIN TITLE: ASST SECRETARY ADDRESS: 1129 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WESLEY R CARD TITLE: DIRECTOR ADDRESS: 1411 BROADWAY 36TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10018	<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 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.		