

1.) CORPORATION NAME:

Nine West Holdings, Inc.

DUE DATE: **7/31/2015**

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**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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: CHRISTOPHER CADE TITLE: PRESIDENT ADDRESS: 180 RITTENHOUSE CIRCLE CITY/ST/ZIP/CO: BRISTOL, PA 19007	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETH BARBUN DORFSMAN TITLE: VP/SEC ADDRESS: 1129 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANDREW HEDE TITLE: VICE PRESIDENT ADDRESS: 1411 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 12018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH T DONNALLEY TITLE: EVP/TREASURER ADDRESS: 180 RITTENHOUSE CIRCLE CITY/ST/ZIP/CO: BRISTOL, PA 19007	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAURIE J. GENTILE 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: 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
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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
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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
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NAME: JOHN T MCCLAIN TITLE: DIRECTOR ADDRESS: 1411 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10018	<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/ CHRISTOPHER CADE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER CADE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/26/2015 DATE
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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.