

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90400 042 \*\*\*150.00

**DOCUMENT # 837007**  
 1. Entity Name  
**CARTIER, INCORPORATED**

Principal Place of Business      Mailing Address  
**THREE ENTERPRISE DR.**      **PO BOX 186**  
**SHELTON CT 06484**      **SHELTON CT 06484**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**13-2852910**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**CT CORPORATION SYSTEM**      Name  
**1200 S. PINE ISLAND ROAD**      Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33324**      City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SAAGE, GARY A JR.</b> <b>16 CRABAPPLE LANE</b> <b>SANDY HOOK CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>8aage, Gary A. Jr.</b> <b>50 Jermyn St</b> <b>London, SW1Y 6LX</b> <b>England</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FILOTEI, R</b> <b>66 SASCO HILL RD</b> <b>FAIRFIELD CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BROWN, J</b> <b>316 MARIOMI RD</b> <b>NEW CANAAN CT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CRITCHELL, S.</b> <b>955 FIFTH AVE</b> <b>NEW YORK NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>Callum Barton</b> <b>955 FIFTH AVE</b> <b>new York, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIOT, ALAIN G</b> <b>955 FIFTH AVE.</b> <b>NEW YORK NY 10022</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President of Finance</b> <b>Daniel C. Mawicke</b> <b>41 Brihanys Ave.</b> <b>Trumbull CT 06611</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Daniel C. Mawicke*      Date: **April 25, 2002**      Daytime Phone #: **203-925-6500**

CR2E034 (9/01)