

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837007

FILED
Jun 29, 2009
Secretary of State

Entity Name: RICHEMONT NORTH AMERICA, INC.

Current Principal Place of Business:

THREE ENTERPRISE DR.
SHELTON, CT 06484 US

New Principal Place of Business:

THREE ENTERPRISE DR.
SUITE 300
SHELTON, CT 06484 US

Current Mailing Address:

PO BOX 186
SHELTON, CT 06484

New Mailing Address:

FEI Number: 13-2852910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAWICKE, DANIEL C
Address: 4 ECHO WOODS CIRCLE
City-St-Zip: MONROE, CT 06468

Title: CFO () Delete
Name: BYRNE, KEVIN
Address: 16 TAUNTON LANE
City-St-Zip: NEWTOWN, CT 06470

Title: S () Delete
Name: O'SHAUGHNESSY, HELEN
Address: 3294 61ST RD
City-St-Zip: MIDDLE VILLAGE, NY 11379

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BYRNE

CFO

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date