

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850258

Entity Name: MOVADO GROUP, INC.

FILED  
Jun 24, 2009  
Secretary of State

## Current Principal Place of Business:

650 FROM ROAD  
PARAMUS, NJ 07652

## New Principal Place of Business:

## Current Mailing Address:

650 FRAN RD STE 375  
PARAMUS, NJ 076523556

## New Mailing Address:

650 FROM RD  
SUITE 375  
PARAMUS, NJ 076523556

FEI Number: 13-2595932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: SILVERSTEIN, LEONARD  
Address: 1776 K STREET, NW  
City-St-Zip: WASHINGTON, DC

Title: D ( ) Delete  
Name: HAYES-ADAM, MARGARET  
Address: 597 FIFTH AVE  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: ORESMAN, DONALD  
Address: 425 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY

Title: CD ( ) Delete  
Name: GRINBERG, GEDALIO  
Address: 650 FROM ROAD  
City-St-Zip: PARAMUS, NJ 07652

Title: T ( ) Delete  
Name: BURNS, JOHN  
Address: 650 FROM RD  
City-St-Zip: PARAMUS, NJ 07652

Title: PD ( ) Delete  
Name: GRINBERG, EFRAIM  
Address: 650 FROM ROAD  
City-St-Zip: PARAMUS, NJ 07652

## 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:

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

Title: V (X) Change ( ) Addition  
Name: DEMARSILIS, SALLIE A  
Address: 650 FROM RD  
City-St-Zip: PARAMUS, NJ 07652

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: SALLIE A DEMARSILIS

V

06/24/2009

Electronic Signature of Signing Officer or Director

Date