

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90162 040 \*\*\*150.00

**DOCUMENT # 850258**

1. Entity Name  
**MOVADO GROUP, INC.**



Principal Place of Business  
**650 FROM ROAD  
PARAMUS NJ 07652**

Mailing Address  
**650 FROM ROAD  
PARAMUS NJ 07652**



CHECK HERE IF MAKING CHANGES

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 <b>13-2595932</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<b>D SILVERSTEIN, LEONARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1776 K STREET, NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE NAME	<b>D HAYES-ADAM, MARGARET</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>597 FIFTH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE NAME	<b>D ORESMAN, DONALD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>425 LEXINGTON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE NAME	<b>CD GRINBERG, GEDALIO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>650 FROM ROAD</b>	
CITY-ST-ZIP	<b>PARAMUS NJ 07652</b>	
TITLE NAME	<b>TVP KIMICK, FRANK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>650 FROM ROAD</b>	
CITY-ST-ZIP	<b>PARAMUS NJ 07652</b>	
TITLE NAME	<b>PD GRINBERG, EFRAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>650 FROM ROAD</b>	
CITY-ST-ZIP	<b>PARAMUS NJ 07652</b>	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Frank Kimick** 1/17/03 201-267-8002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)