

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90288 022 \*\*\*150.00

**DOCUMENT # F93000003406**

1. Entity Name  
**CRABTREE & EVELYN, LTD. INC.**

Principal Place of Business 102 PEAKE BROOK RD. WOODSTOCK CT 06281	Mailing Address PO BOX 167 WOODSTOCK CT 06281
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>04-2481685</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <b>XX</b>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>D</b> HIAN, LEE H 2, JALAN RAJA DI-HILIR 30350 IPOH PE		<b>P</b> DITCHFIELD, ROBERT J. 102 Peake Brook Road, P.O. Box 167 Woodstock, CT 06281	
<b>D</b> HARVEY, CYRUS JR 880 WINTER ST STE 300 WALTHAM MA 02451		<b>D</b> HARVEY, CYRUS I., JR. 102 Peake Brook Road, P.O. Box 167 Woodstock, CT 06281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T</b> SWANSON, STEVE 880 WINTER ST STE 300 WALTHAM WA 02451		<b>T</b> SWANSON, STEVE 102 Peake Brook Road, P.O. Box 167 Woodstock, CT 06281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> HIAN, LEE O 55 JALAN GOLF IPOH PE 30350			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> HIAN, LEE SOON 2, JALAN RAJA DI-HILIR IPOH PERAK, MALAYSIA CO 30350			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>AS</b> KELLEHER, ROBERT J 880 WINTER ST STE 300 WALTHAM WA 02451		<b>S</b> KELLEHER, ROBERT J. 102 Peake Brook Road, P.O. Box 167 Woodstock, CT 06281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Robert J. Kelleher, Secretary**      1/23/01      860/928-2761 x3250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)