FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400000221

1. Corporation Name

WEDGWOOD USA INC.

Principal Place of Busine
1330 CAMPUS PKY. NEPTUNE NJ 07753

Mailing Address

1330 CAMPUS PKY. NEPTUNE NJ 07753

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90208 047 ***150.00



					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/14/1994	****	
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Apr	lied For
21	355 5. 245555	26			22-3268915	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8,75 A	dditional	
22		27			5. Certifcate of Status Desired	Fee Red	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	7
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In	ntangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes	∑ No
	9. Name and Address of Current				10. Name and Address of New Registered	l Agent	
			8	1 Name			
C T CORPORATION SYSTEM				2 2	there (D.O. Day Myshos is Not Assentable)		
1200	s. Pine island RD.		83	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PLAN		8:	3				
			8-	4 City		85 Zip C	ode
				<u></u>	FI		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abor	ve-named co	propriation submits this statement for the purpose cation's board of directors. I hereby accept the appoint	it changing its i pintment as rec	registered istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	S.	2		
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent signature requ		ND DIDECTO	DC (N. 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE	į		Change	
NAME	11,0 01,12217, 11,17, 0.11,101 0.11,01		1.2 NAME				
STREET ADDRESS	1330 CAMPUS PKY.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP			14 CITY-	ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CAPPIELLO, ANTHONY P		2.2 NAME				
STREET ADDRESS	1330 CAMPUS PKY.		2.3 STRE	ET ADDRESS			}
CITY_ST_ZIP	NEPTUNE_NJ 07753 2.4		2.4 CITY:	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP			3.4, CITY	-ST-ZiP			ļ
TITLE			4 1 TITLE			☐ Change	Addition
NAME			4. 2 NAMI	.			
STREET ADDRESS			ł	ET ADDRESS			
			4.4 CITY-	- 1			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
		<u> </u>	5.2 NAME	1		_ •	-
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				Ì
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
TITLE			6.2 NAME	i		□ ouenãe	
NAME			l	Į.			ļ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	·		6.4 CITY-		The state of the s	416 - 41 - 4 11s - 11s	£
44	لغنيب لممنامصيم ممنغمسسكمن مطه فسطه بكنفيم	this filing door not qualifities th	AA AVAME	tion etated it	n Section 110 07/3\(ii) Florida Statutes I further or	eriov that the in	TORMANOR

Indicated on this annual report or supplied with any angle property and the information decided on this annual report or supplemental annual report is true 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 poetroer of trustee empowered tolexecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

JIRED Anthony P. Cappiello 4/27/99 (732) 938-5800

CR2E034 (11/98)