


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000221

1. Entity Name
WEDGWOOD USA INC.



Principal Place of Business
**1330 CAMPUS PKY.
 NEPTUNE, NJ 07753**

Mailing Address
**1330 CAMPUS PKY.
 NEPTUNE, NJ 07753**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3268915

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

U00000156788
 05/05/04-80088-010 150.00

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: MCGILLIVARY, CHRISTOPHER J
 STREET ADDRESS: 1330 CAMPUS PKY.
 CITY - ST - ZIP: NEPTUNE, NJ 07753

TITLE: STD
 NAME: CAPIELLO, ANTHONY P
 STREET ADDRESS: 1330 CAMPUS PKY.
 CITY - ST - ZIP: NEPTUNE, NJ 07753

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

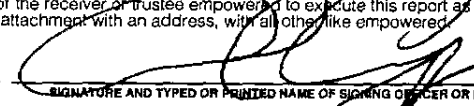
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 CITY - ST - ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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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:  DATE: **4/30/04** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR