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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000635 (2)

1. Corporation Name

**WATERFORD WEDGEWOOD USA, INC.
WATERFORD WEDGWOOD USA, INC.**



Principal Place of Business

Mailing Address

**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**

**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

02/08/1995

4. FLI Number

13-1943058

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASHWELL, KNEALE	
STREET ADDRESS	BARLASTON STOKES-ON-TRENT	
CITY- ST- ZIP	ENGLAND ST1293S	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONER, GEORGE	
STREET ADDRESS	BARLASTON STOKES-ON-TRENT	
CITY- ST- ZIP	ENGLAND ST1293S	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGILLIVARY, CHRISTOPHER J	
STREET ADDRESS	1330 CAMPUS PARKWAY	
CITY- ST- ZIP	NEPTUNE NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPPIELLO, ANTHONY P	
STREET ADDRESS	1330 CAMPUS PARKWAY	
CITY- ST- ZIP	NEPTUNE NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	McGillivary, Christopher	
33 STREET ADDRESS	1330 Campus Parkway	
34 CITY- ST- ZIP	Neptune, NJ 07753	
41 TITLE	T/S/VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Cappiello, Anthony P.	
43 STREET ADDRESS	1330 Campus Parkway	
44 CITY- ST- ZIP	Neptune, NJ 07753	
51 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Brian Patterson	
53 STREET ADDRESS	Barlaston Stokes-on-Trent	
54 CITY- ST- ZIP	England ST129ES	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Anthony P. Cappiello

Anthony P. Cappiello

2/2/96

(908)938-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

see by Bank

LP 28-96