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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1, Corporation Name

F9400000635 (2)

WATERFORD WEDGEWOOD USA, INC."

WATERFORD WEDGWOOD USA, INC.

Principal Place of Business 1990 CAUDILS DADKWAY Mailing Address

1330 CAMPUS PARKWAY

FILED 96 MAR 28 PM 1: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA



NEPTUNE NJ 07753		NEPTUNE NJ 07753			
				3. Date incorporated or Qualified 02/09/1994	3a. Date of Last Report 02/08/1995
2. Principal Plac	ce of Business	2a. Maiting Address		4. Ft1 Number	Applied For
21		26		13-1943058	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Flection Campaign Financing	\$5.00 May Be
23		28	-т	Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for Florida Statutes X Yes	intangible tax under s. 199.032, □ No
24	25 Name and Address of Currel	29	30	10. Name and Address of New F	
	9. Name and Address of Curre	iit negistered Agent	81 Name	IU. Hame and Address of New F	Date of the state
C T CORPORATION SYSTEM		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
	PINE ISLAND ROAD		83		
PLANTA1	TION FL 33324				
			84 City		85 Zip Code
		6 10074500 (11.0)		The state of the s	FL
or registere	d agent, or both, in the State of Flor	ida. Such change was authori	ized by the corporation's :	rporation submits this statement for the pu board of directors. Thereby accept the app	ipose of changing its registered offic o'nthient as registered agent. I am
familiar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statute	rs.		
SIGNATURE _			onia i di La La La La	and the boundary of	DATE
·	lignature, typed or printed name of registered agen OCLICEDS AN	caro to a Pappicable (N ND DIRECTORS	OTE: Registeres Agent signature :	ADDITIONS/CHANGES TO OFF	
TITLE	D OFFICERS AN	DELETE	1 1 1 TILE	ADDITIONS/OF ANGLO TO OFF	Change Addition
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NAME I	ACLIMENT VALCATE		1.2 NAM#		
NAME CLOSEL ADDRESS	ASHWELL, KNEALE	CMT	1.2 NAME		
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oath; that I am an officer or di appears in Block 12 or Block

SIGNATURE:

Anthony P. Cappiello

2/2/96

(908) 938-5800