

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F94000000635 (2)

1. Corporation Name
WATERFORD WEDGWOOD USA, INC.



Principal Place of Business 1330 CAMPUS PARKWAY NEPTUNE NJ 07753	Mailing Address 1330 CAMPUS PARKWAY NEPTUNE NJ 07753-6811
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1994		3a. Date of Last Report 03/28/1996	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 13-1943058		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHWELL, KNEALE			1.2 NAME			
STREET ADDRESS	BARLSTON STOKE-ON-TRENT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND ST1293S			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONER, GEORGE			2.2 NAME			
STREET ADDRESS	BARLSTON STOKE-ON-TRENT			2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND ST1293S			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGILLIVARY, CHRISTOPHER J			3.2 NAME			
STREET ADDRESS	1330 CAMPUS PARKWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE NJ			3.4 CITY-ST-ZIP			
TITLE	TSVD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPPIELLO, ANTHONY P			4.2 NAME			
STREET ADDRESS	1330 CAMPUS PARKWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE NJ			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, BRIAN			5.2 NAME			
STREET ADDRESS	BARLSTON STOKE-ON-TRENT			5.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND ST129ES			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 and changed, or is an attachment with an address.

SIGNATURE:  **Anthony Cappiello** 3/7/97 (908)938-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)