

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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

05-06-1999 90208 048 ***150.00

DOCUMENT # F94000000635

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-1943058	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	

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			

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 type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONER, GEORGE			1.2 NAME			
STREET ADDRESS	BARLASTON STROKE-ON-TRENT			1.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND ST1293S			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGILLIVARY, CHRISTOPHER J			2.2 NAME			
STREET ADDRESS	1330 CAMPUS PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE NJ			2.4 CITY-ST-ZIP			
TITLE	TSVD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPPIELLO, ANTHONY P			3.2 NAME			
STREET ADDRESS	1330 CAMPUS PARKWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE NJ			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, BRIAN			4.2 NAME			
STREET ADDRESS	BARLASTON STROKE-ON-TRENT			4.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND ST129ES			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony P. Cappiello SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Anthony P. Cappiello 4/27/99 (732) 938-5800 Date Daytime Phone #

CR2E034 (11/98)