


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F94000000635**  
 1. Entity Name  
**WATERFORD WEDGWOOD USA, INC.**



Principal Place of Business      Mailing Address  
**1330 CAMPUS PARKWAY**      **1330 CAMPUS PARKWAY**  
**NEPTUNE, NJ 07753**      **NEPTUNE, NJ 07753**

**DO NOT WRITE IN THIS SPACE**



04262004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**13-1943058**      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 ROAD**  
**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

U00000156782  
 05/05/04-80088-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	O'DONOGHUE, P
STREET ADDRESS	KILBARRY
CITY - ST - ZIP	WATERFORD, IRELAND.
TITLE	PD
NAME	MCGILLIVARY, CHRISTOPHER J
STREET ADDRESS	1330 CAMPUS PARKWAY
CITY - ST - ZIP	NEPTUNE, NJ
TITLE	TSVD
NAME	CAPPIELLO, ANTHONY P
STREET ADDRESS	1330 CAMPUS PARKWAY
CITY - ST - ZIP	NEPTUNE, NJ
TITLE	D
NAME	O'REILLY, A F JR
STREET ADDRESS	BARLASTON, STOKE-ON-TENT
CITY - ST - ZIP	ST129ES, ENGLAND.
TITLE	D
NAME	FOLEY, J
STREET ADDRESS	KILBARRY
CITY - ST - ZIP	WATERFORD, IRELAND.
TITLE	AS
NAME	CARROLL, R T
STREET ADDRESS	1330 CAMPUS PARKWAY
CITY - ST - ZIP	NEPTUNE, NJ 07753

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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 persons empowered.

**SIGNATURE:** \_\_\_\_\_ **4/19/04** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #