

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91422 028 ***150.00

0616273 AT

DOCUMENT # F94000000635

1. Entity Name
WATERFORD WEDGWOOD USA, INC.



Principal Place of Business
**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**

Mailing Address
**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1943058**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony P. Cappiello

4/7/03

(732)938-5800

Date

Daytime Phone #

CR2E034 (10/02)