

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25633 (9)**

1. Corporation Name  
**THE TIMEX STORE, INC.**



Principal Place of Business <b>PARK ROAD EXTENSION P.O. BOX 310 MIDDLEBURY CT 06762</b>	Mailing Address <b>PARK ROAD EXTENSION PO BOX 310 MIDDLEBURY CT 06762-0310 US</b>
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3. Date Incorporated or Qualified <b>08/16/1989</b>	3a. Date of Last Report <b>07/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Country <b>30</b>

4. FEI Number <b>06-1248165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>OLSEN, F</b>	
STREET ADDRESS <b>C/O TIMEX CORPORATION, PARK ROAD EXT. MIDDLEBURY CT</b>	
CITY-ST-ZIP <b>D</b>	
TITLE <b>SHERER, F.</b>	<input type="checkbox"/> DELETE
NAME <b>BURR HALL RD</b>	
STREET ADDRESS <b>MIDDLEBURY CT</b>	
CITY-ST-ZIP <b>PD</b>	
TITLE <b>JACOBI, CHARLES MICHAEL</b>	<input type="checkbox"/> DELETE
NAME <b>C/O TIMEX CORPORATION PARK ROAD EXT</b>	
STREET ADDRESS <b>MIDDLEBURY CT</b>	
CITY-ST-ZIP <b>D</b>	
TITLE <b>DEANGELIS, R</b>	<input type="checkbox"/> DELETE
NAME <b>79 OLD FARMS ROAD</b>	
STREET ADDRESS <b>WATERTOWN CT</b>	
CITY-ST-ZIP <b>S</b>	
TITLE <b>BRAUNSDORF, M.</b>	<input type="checkbox"/> DELETE
NAME <b>CO TIMEX CORPORATION, PARK ROAD EXT.</b>	
STREET ADDRESS <b>MIDDLEBURY CT</b>	
CITY-ST-ZIP <b>AS</b>	
TITLE <b>JUDGE, FRANK T</b>	<input type="checkbox"/> DELETE
NAME <b>WEST LANE</b>	
STREET ADDRESS <b>RIDGEFIELD CT</b>	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>V.P.-FINANCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>TAURCHINI, PETER</b>	
1.3 STREET ADDRESS <b>RICE ROAD</b>	
1.4 CITY-ST-ZIP <b>WOODBRIIDGE, CT 06525</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: Mary Braunsdorf **1/16/97** **203-573-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)