

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 835275

**Entity Name:** STERLING JEWELERS INC.**Current Principal Place of Business:**375 GHENT RD  
ATTN: TAX DEPT  
AKRON, OH 44333**Current Mailing Address:**375 GHENT RD  
ATTN: TAX DEPT  
AKRON, OH 44333**FEI Number:** 52-0964503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title ASST. SECRETARY  
Name PTAK, STASH S  
Address 375 GHENT RD  
City-State-Zip: AKRON OH 44333

Title TREASURER  
Name GOLDBERG, KENNETH  
Address 375 GHENT RD  
City-State-Zip: AKRON OH 44333

Title DIRECTOR, CHIEF LEGAL OFFICER  
Name DENNSION, LYNN  
Address 375 GHENT ROAD  
City-State-Zip: AKRON OH 44333

Title SR VICE PRESIDENT OF FINANCE  
Name CASHMAN, SIMON L  
Address 375 GHENT RD  
City-State-Zip: AKRON OH 44333

Title DIRECTOR, PRESIDENT, CFO  
Name SANTANA, MICHELE  
Address 375 GHENT RD  
ATTN: TAX DEPT  
City-State-Zip: AKRON OH 44333

Title SECRETARY, DIRECTOR  
Name KRUEGER, LAUREL  
Address 375 GHENT RD  
ATTN: TAX DEPT  
City-State-Zip: AKRON OH 44333

Title CONTROLLER  
Name O'DONNELL, RORY  
Address 375 GHENT RD  
ATTN: TAX DEPT  
City-State-Zip: AKRON OH 44333

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAUREL KRUEGER**SECRETARY****04/24/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date