

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005256

Entity Name: LVMH WATCH & JEWELRY USA, INC.**Current Principal Place of Business:**966 S SPRINGFIELD AVE.
SPRINGFIELD, NJ 07081**Current Mailing Address:**966 S SPRINGFIELD AVE.
SPRINGFIELD, NJ 07081**FEI Number: 13-3040242****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	D
Name	WOHN, ULRICH
Address	966 S SPRINGFIELD AVE.
City-State-Zip:	SPRINGFIELD NJ 07081

Title	D
Name	LINDER, STEPHANE
Address	966 S SPRINGFIELD AVE.
City-State-Zip:	SPRINGFIELD NJ 07081

Title	P, CEO
Name	WOHN, ULRICH
Address	966 S SPRINGFIELD AV.E
City-State-Zip:	SPRINGFIELD NJ 07081

Title	VP
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	S
Name	FIRESTONE, LOUISE
Address	19 EAST 57TH STREET, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	VP
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	COO
Name	LAMY, FRANCOIS-XAVIER
Address	966 S SPRINGFIELD AVENUE
City-State-Zip:	SPRINGFIELD NJ 07081

Title	VP
Name	GARRIGAN, DENISE
Address	966 S SPRINGFIELD AVE
City-State-Zip:	SPRINGFIELD NJ 07081

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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: LOUISE FIRESTONE**SECRETARY****01/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BROWN, PAULINE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022