


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 836584	
1. Entity Name Harry Winston, Inc.	

FILED

09 JUN -3 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500156724005
06/03/09--01018--018 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9700 Collins Avenue	3. Mailing Address 718 Fifth Avenue
Suite, Apt. #, etc. Suite 151	Suite, Apt. #, etc.

City & State Bal Harbour, FL	City & State New York, N.Y.	4. FEI Number 13-1479270	Applied For <input type="checkbox"/> Not Applicable
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Zip 33154	Country USA	Zip 10019	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Corporation Services Company
Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
City	Tallahassee FL
Zip Code	32301

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 _____

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott, Robert CFO 718 Fifth Avenue New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'Neill, Thomas J. CEO 718 Fifth Avenue New York, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	ARNOLD LANDAU	4/30/09	212-315-7950
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)