

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

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90049 017 \*\*\*158.75

DOCUMENT # 836584

1. Entity Name

HARRY WINSTON, INC.



**DO NOT WRITE IN THIS SPACE**

40010004

2. Principal Place of Business

718 Fifth Avenue

Suite, Apt. #, etc.

3. Mailing Address

718 Fifth Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

New York, N.Y.

4. FEI Number

13-1479270

Applied For

Not Applicable

Zip

10019-4102

Country

USA

Zip

10019-4102

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service 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

Signature, typed or printed name of registered agent and title if applicable.

(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.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	C/O	WINSTON, RONALD	
		718 Fifth Avenue	
		New York, N.Y. 10019-4102	
	P	HAMBRECHT, PATRICIA	
		718 Fifth Avenue	
		New York, N.Y. 10019-4102	
	CFO	SCOTT, ROBERT	
		718 Fifth Avenue	
		New York, N.Y. 10019-4102	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Scott

Date

1/15/03

Daytime Phone #

(212) 245-2000 ext 461

CR2E034B (12/02)