

FLORIDA DEPARTMENT OF STATE

FILED Apr 02, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

	1999	Go we THE	DIVISION OF C	ORPORAT	IONS	04-02-1999	90090 040 ***1:	50.00
DOCUMENT # 840003								
r. Corporatio	n Name	0000						
BLYTH I	NDUSTRIES, INC.							
Principal Place	a of Business	Ma	ling Address				VIĐA IIRI DIDIL DIĐIL BRUIT Đ	611 01 1 11 01011 1601
999 E. TOUHY 999 E. TOUHY								, i
#450	• 91	#45	#450			DO NOT WRITE IN THIS SPACE		
DES PLAINES IL 60018 DES PLAINES IL 60018						3. Date Incorporated or Qualified		
						02/10/1978		
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		Applied For
21		26	<u>.</u>			36-2984916		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	'	5 Additional
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23	e	28	Ony a State			6. Election Campaign Financing Trust Fund Contribution		ed to Fees
Zip	Country		Zip	Country	'	8. This corporation owes the cur	тепt year Intangible	
24	25	29		30	•	Personal Property Tax.	☐ Yes	□No
	9. Name and Address	of Current Regist	ered Agent	81	Name	10. Name and Address of New	Registered Agent	
GARCIA JOSE								
7363 NW 36 AVENUE 82 Street Addre						Address (P.O. Box Number is Not Accept	able)	
83						· · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33147						85 Z	ip Code	
							FL i	
office or r	anistored agent or both in	the State of Florida	i. Such change was au	thonzed by	the com	corporation submits this statement for the oration's board of directors. I hereby acce	 purpose of changing pt the appointment as 	its registered registered
agent. I a	m familiar with, and accept	the obligations of,	Section 607.0505, Flori	da Statutes		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of	registered agent and title if	applicable. (NOTE:	Registered Age	nt signature i	required when reinstating)	DATE	
12.		ICERS AND DIREC		13.		ADDITIONS/CHANGES TO OF		
TITLE	PD	•	☐ DELETE	1.1 TITLE		YP \	☐ Chan	ge X Addition
NAME	GOERGEN, ROBERT	B		1.2 NAME		Elward L. La Forge 100 Sield Pt Ad		,
STREET ADDRESS	100 FIELD PT. RD.	30			T ADDRESS	Greenwich CT 0683	^	
CITY-ST-ZIP	GREENWICH CT 0683 SD	30	₩ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	Secretary	☐ Chan	ge Addition
NAME	KREILICK, THOMAS		,	2.2 NAME		Bruce D. Kreiger		
STREET ADDRESS	999 E TOUHY AVE ST	TE 450		2.3 STREE	TADORESS	100 Field Pt Rd		
CITY-ST-ZIP	DES PLAINES IL			2. 4 CITY-5	T-ZIP	Greenwich CT 06830		
TITLE -	D		☐ DELETE	3.1 TITLE	•	_	- Chang	ge Addition
NAME	ROSE, HOWARD	FF 450		3.2 NAME				
STREET ADDRESS	999 E TOUHY AVE ST DES PLAINES IL	12 450		3.3 STREE				
CITY-ST-ZIP TITLE	DEG I DAMES IL		DELETE	4.1 TITLE	1-211		Chang	ge
NAME				4. 2 NAME			,·	ļ
STREET ADDRESS				4.3 STREE	TADDRESS		蒙	
CITY-ST-ZIP		<u> </u>		4.4 CITY-S	T-ZIP			as Dádditis-
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			Chan	ge 🗌 Addition
NAME					TADORESS			
STREET ADDRESS				5.4 CITY-S				
TITLE			☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME				6.2 NAME				ł
STREET ADDRESS					ADDRESS			}
				64 CETY-S	T. 719	1		

14. 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 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, with all other like empowered.

203-661-1526