2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
08-19-2002 90146 035 ***550.00

DOCUMENT # 850258

1. Entity Name
MOVADO GROUP, INC. ✓

Principal Place of Business	Mailing Address
125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071	125 CHUBB AVE 4TH FLOOR LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
650 From Road	650 From Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Paramus, NJ	City & State: Paramus, NJ
Zip: 07652 Country: USA	Zip: 07652 Country: USA

4. FEI Number 13-2595932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVERSTEIN, LEONARD 1776 K STREET, NW WASHINGTON DC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Richard Cote 650 From Road Paramus, NJ 07652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES-ADAM, MARGARET 597 FIFTH AVE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alan Howard 277 Park Avenue New York, NY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORESMAN, DONALD 425 LEXINGTON AVENUE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRINBERG, GEDALIO 125 CHUBB AVE LYNDHURST NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Gedalio Grinberg 650 From Road Paramus, NJ 07652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS REGENBOGEN, HOWARD 125 CHUBB AVE LYNDHURST NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/VP Frank Kimick 650 From Road Paramus, NJ 07652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRINBERG, EFRAIM 125 CHUBB AVE LYNDHURST NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Efraim Grinberg 650 From Road Paramus, NJ 07652	☒ Change ☐ Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Frank Kimick 8/13/02 201-267-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #