


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 850258**  
 1. Entity Name  
**MOVADO GROUP, INC.**



Principal Place of Business  
**650 FROM ROAD  
 PARAMUS, NJ 07652**

Mailing Address  
**650 FROM ROAD  
 PARAMUS, NJ 07652**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

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  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SILVERSTEIN, LEONARD
STREET ADDRESS	1776 K STREET, NW
CITY-ST-ZIP	WASHINGTON, DC
TITLE	D
NAME	HAYES-ADAM, MARGARET
STREET ADDRESS	597 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	ORESMAN, DONALD
STREET ADDRESS	425 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY
TITLE	CD
NAME	GRINBERG, GEDALIO
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652
TITLE	TVP
NAME	KIMICK, FRANK
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652
TITLE	PD
NAME	GRINBERG, EFRAIM
STREET ADDRESS	650 FROM ROAD
CITY-ST-ZIP	PARAMUS, NJ 07652

**DO NOT WRITE IN THIS SPACE**

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 01/19/06-80025-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/15/06** **2012678364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #