


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 850258 1. Entity Name MOVADO GROUP, INC. |  |
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|---|---|
| Principal Place of Business 650 FROM ROAD PARAMUS, NJ 07652 | Mailing Address 650 FROM ROAD PARAMUS, NJ 07652 |
|---|---|

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 13-2595932 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000630021
 02/19/07-80025-005 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SILVERSTEIN, LEONARD 1776 K STREET, NW WASHINGTON, DC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAYES-ADAM, MARGARET 597 FIFTH AVE NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORESMA, DONALD 425 LEXINGTON AVENUE NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD GRINBERG, GEDALIO 650 FROM ROAD PARAMUS, NJ 07652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVP KIMICK, FRANK 650 FROM ROAD PARAMUS, NJ 07652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRINBERG, EFRAIM 650 FROM ROAD PARAMUS, NJ 07652 |

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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: _____ *[Signature]* Date: 1/29/07 Daytime Phone # _____