

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90865 009 \*\*\*150.00

**DOCUMENT # F01000002427**

1. Entity Name  
**BLYTH, INC.**

Principal Place of Business      Mailing Address

**999 E. TOUHY SUITE 450**      **999 E. TOUHY SUITE 450**  
**DES PLAINES IL 60018**      **DES PLAINES IL 60018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**36-2984916**      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	
<b>C T CORPORATION SYSTEM</b>		Name	
<b>1200 SOUTH PINE ISLAND ROAD</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>PLANTATION FL 33324</b>		City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PCD GOERGEN, ROBERT B 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V LAFORGE, ELWOOD L 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>RICHARD T. BROWNING</b>
STREET ADDRESS		STREET ADDRESS	<b>1 EAST WEAVER STREET</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>GREENWICH, CT 06831</b>
TITLE	S KREIGER, BRUCE D 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>JANE K. CASEY</b>
STREET ADDRESS		STREET ADDRESS	<b>1 EAST WEAVER STREET</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>GREENWICH, CT 06831</b>
TITLE	T BARGHAUS, ROBERT 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GOERGEN, PAMELA M 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ANDERSON, ROGER A 1 EAST WEAVER STREET GREENWICH CT 06831	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **ROBERT BARGHAUS**      **4/18/02**      **203 661-1926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)