


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90556 017 \*\*\*150.00

**DOCUMENT # F01000002427**

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



Principal Place of Business  
**999 E. TOUHY SUITE 450  
 SUITE 500  
 DES PLAINES, IL 60018**

Mailing Address  
**999 E. TOUHY SUITE 450  
 SUITE 500  
 DES PLAINES, IL 60018**

**20035867**



2. Principal Place of Business  
**999 E. TOUHY AVE.**

3. Mailing Address  
**999 E. TOUHY AVE.**

Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**36-2984916**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent -**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	GOERGEN, ROBERT B	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAIN, BRUCE	
STREET ADDRESS	1 E WEAVER ST.	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREIGER, BRUCE D	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BARGHAUS, ROBERT	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASEY, JANE F	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	CC	<input type="checkbox"/> Delete
NAME	ZIELINSKI, RICHARD	
STREET ADDRESS	999 E. TOUHY AVE., STE 500	
CITY-ST-ZIP	DES PLAINES, IL 60018	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOERGEN, ROBERT B.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIN, BRUCE G.	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIGER, BRUCE D.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGHAUS, ROBERT H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, JANE F.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIELINSKI, RICHARD S.	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Richard Zielinski **RICHARD ZIELINSKI** 4/15/05 (847)294-1100

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

# ATTACHMENT

FB1000002427/20035867

BLYTH, INC.

FEIN: 36-2984916

## ADDITIONAL OFFICERS/DIRECTORS

TITLE	NAME	ADDRESS
VP	MINEO, FRANK P.	59 ARMSTRONG ROAD, P.O. BOX 976, PLYMOUTH, MA 02360
V	EVANS, W. GLENN	999 E. TOUHY AVE., STE 500, DES PLAINES, IL 60018
VP	GEORGEN JR., ROBERT B.	1 EAST WEAVER ST, GREENWICH, CT 06831
V	GUPTA, ANIL J.	603 KINGSLAND AVENUE, BATAVIA, IL 60510
V	PONTIUS, MARCIA L.	1 EAST WEAVER ST, GREENWICH, CT 06831
V	SCHUESSLER, TYLER P.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	ANDERSON, ROGER A.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	BURKHART, JOHN W.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	GOERGEN, PAMELA A.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	HOCHMAN, CAROL J.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	JORDAN, WILMA H.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	MCTAGGART, JIM	1 EAST WEAVER ST, GREENWICH, CT 06831
D	PRESCHLACK, JOHN E.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	GOLDMAN, NEAL I.	1 EAST WEAVER ST, GREENWICH, CT 06831
D	ROSE, HOWARD E.	1 EAST WEAVER ST, GREENWICH, CT 06831