


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 038 ***150.00

DOCUMENT # F01000002427 1. Entity Name BLYTH, INC.					
Principal Place of Business 999 E. TOUHY SUITE SUITE 500 DES PLAINES, IL 60018			Mailing Address 999 E. TOUHY SUITE SUITE 500 DES PLAINES, IL 60018		
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 36-2984916	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOERGEN, ROBERT B		NAME		
STREET ADDRESS	1 EAST WEAVER STREET		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIN, BRUCE G.		NAME		
STREET ADDRESS	1 E WEAVER ST.		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	VS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREIGER, BRUCE D		NAME		
STREET ADDRESS	1 EAST WEAVER STREET		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARGHAUS, ROBERT		NAME		
STREET ADDRESS	1 EAST WEAVER STREET		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	VT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEY, JANE F		NAME		
STREET ADDRESS	1 EAST WEAVER STREET		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIELINSKI, RICHARD		NAME		
STREET ADDRESS	999 E. TOUHY AVE., STE 500		STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES, IL 60018		CITY-ST-ZIP		
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: <i>Richard Zielinski</i> RICHARD ZIELINSKI			4/26/06 847-294-1100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		