

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 041 ***150.00

DOCUMENT # F01000004374

1. Entity Name
LINDT & SPRUNGLI (USA) INC.



Principal Place of Business
**ONE FINE CHOCOLATE PLACE
 STRATHAM, NH 03885**

Mailing Address
**ONE FINE CHOCOLATE PLACE
 STRATHAM, NH 03885**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2522202	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

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

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 _____ (NOTE: Registered Agent signature required when registering) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINEMAYR, THOMAS ONE FINE CHOCOLATE PLACE STRATHAM, NH 03885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINEMAYR, THOMAS ONE FINE CHOCOLATE PLACE STRATHAM, NH 03885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, ERNST ONE FINE CHOCOLATE PLACE STRATHAM, NH 03885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWATSON, MARIANNE ONE FINE CHOCOLATE PLACE STRATHAM, NH 03885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TICE, RAYMOND ONE FINE CHOCOLATE PLACE STRATHAM, NH 03885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Raymond Tice 1/30/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #