

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90467 006 ***150.00

DOCUMENT # F05000004060

1. Entity Name
FOSSIL, INC.



Principal Place of Business
**2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

Mailing Address
**ATTN: ACCOUNTS PAYABLE
P.O. BOX 831910
RICHARDSON, TX 75083-1910**

60032450



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2018505

Applied For
Not Applicable

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**

**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

M. L. Kovar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**CEOP
KARTSOTIS, KOSTA N
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VGCS
HYNE, RANDY S
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
KOVAR, MIKE L
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KARTSOTIS, TOM L
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNES, MICHAEL W
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHROFF, JAL S
2280 N. GREENVILLE AVENUE
RICHARDSON, TX 75082**

**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:

M. L. Kovar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

469-587-2714

Daytime Phone #