

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006164

1. Entity Name
BULOVA CORPORATION



Principal Place of Business

**ONE BULOVA AVENUE
WOODSIDE, NY 11377**

Mailing Address

**ONE BULOVA AVENUE
WOODSIDE, NY 11377**



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-1719409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

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 PD
NAME HOFMANN, HERBERT C
STREET ADDRESS ONE BULOVA AVENUE
CITY-ST-ZIP WOODSIDE, NY 11377

TITLE COO
NAME SAYEGH, PAUL
STREET ADDRESS ONE BULOVA AVENUE
CITY-ST-ZIP WOODSIDE, NY 11377

TITLE SGC
NAME NEITZEL, WARREN J
STREET ADDRESS ONE BULOVA AVENUE
CITY-ST-ZIP WOODSIDE, NY 11377

TITLE TCFO
NAME O'REILLY, JOHN T
STREET ADDRESS ONE BULOVA AVENUE
CITY-ST-ZIP WOODSIDE, NY 11377

TITLE CD
NAME TISCH, ANDREW
STREET ADDRESS 667 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10021

TITLE D
NAME HENSHEL, HARRY B
STREET ADDRESS ONE BULOVA AVENUE
CITY-ST-ZIP WOODSIDE, NY 11377

U00000498644
04/22/06-80101-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. O'REILLY

Date

Daytime Phone #