

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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD HOFMANN, HERBERT C ONE BULOVA AVENUE WOODSIDE, NY 11377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SAYEGH, PAUL ONE BULOVA AVENUE WOODSIDE, NY 11377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC NEITZEL, WARREN J ONE BULOVA AVENUE WOODSIDE, NY 11377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO O'REILLY, JOHN T ONE BULOVA AVENUE WOODSIDE, NY 11377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TISCH, ANDREW 667 MADISON AVE. NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSHL, HARRY B ONE BULOVA AVENUE WOODSIDE, NY 11377

00000498644
 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: John T. O'Reilly **JOHN T. O'REILLY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR