

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90028 029 ***150.00

DOCUMENT # F94000000635

1. Entity Name

WATERFORD WEDGWOOD USA, INC.

Principal Place of Business

**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**

Mailing Address

**1330 CAMPUS PARKWAY
NEPTUNE NJ 07753**

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

13-1943058

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 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONER, GEORGE	
STREET ADDRESS	BARLSTON STOKE-ON-TRENT	
CITY-ST-ZIP	ENGLAND ST1293S	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGILLIVARY, CHRISTOPHER J	
STREET ADDRESS	1330 CAMPUS PARKWAY	
CITY-ST-ZIP	NEPTUNE NJ	
TITLE	TSVD	<input type="checkbox"/> Delete
NAME	CAPPIELLO, ANTHONY P	
STREET ADDRESS	1330 CAMPUS PARKWAY	
CITY-ST-ZIP	NEPTUNE NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, BRIAN	
STREET ADDRESS	BARLSTON STOKE-ON-TRENT	
CITY-ST-ZIP	ENGLAND ST129ES	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. O'Donoghue	
STREET ADDRESS	Kilbarry	
CITY-ST-ZIP	Waterford, Ireland	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. F. O'Reilly, Jr.	
STREET ADDRESS	Barlston, Stoke-on-Trent	
CITY-ST-ZIP	ST129ES, England	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Foley	
STREET ADDRESS	Kilbarry	
CITY-ST-ZIP	Waterford, Ireland	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. T. Carroll	
STREET ADDRESS	1330 Campus Parkway	
CITY-ST-ZIP	Neptune, NJ 07753	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Anthony P. Cappiello

4/19/02

(732)938-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)