

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90215 007 \*\*\*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

40100000



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAVIN, MOIRA<br>1330 CAMPUS PARKWAY<br>NEPTUNE, NJ 07753                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSTON, FRANK<br>470 ATLANTIC AVE, 4TH FL<br>BOSTON, MA 02210                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DAS<br><del>MCKERROW</del> , BRUCE MCKERALL<br>1330 CAMPUS PARKWAY<br>NEPTUNE, NJ 07753 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FOLEY, JOHN<br>1330 CAMPUS PARKWAY<br>NEPTUNE, NJ 07753                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>CARROLL, R T<br>1330 CAMPUS PARKWAY<br>NEPTUNE, NJ 07753                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Carroll

Date

Daytime Phone #

4/28/08 732-938-5800