


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001538 1. Entity Name A. T. CROSS COMPANY	
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Principal Place of Business ONE ALBION ROAD LINCOLN, RI 02865	Mailing Address ONE ALBION ROAD LINCOLN, RI 02865
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0126220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BOSS, RUSSELL A ONE ALBION ROAD LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO WHALEN, DAVID G ONE ALBION ROAD LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BENIK, TINA C ONE ALBION ROAD LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO RUGGIERI, JOHN T ONE ALBION ROAD LINCOLN, RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000131593
04/27/04-80011-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Ruggieri **JOHN T. RUGGIERI** 4/22/04 401-333-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #