

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90236 033 \*\*\*150.00

**DOCUMENT # F96000001538**

1. Entity Name

A. T. CROSS COMPANY



Principal Place of Business

ONE ALBION ROAD  
LINCOLN, RI 02865

Mailing Address

ONE ALBION ROAD  
LINCOLN, RI 02865

40084842



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number

05-0126220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BOSS, RUSSELL A
STREET ADDRESS	ONE ALBION ROAD
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	PCEO
NAME	WHALEN, DAVID G
STREET ADDRESS	ONE ALBION ROAD
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	VS
NAME	BENIK, TINA C
STREET ADDRESS	ONE ALBION ROAD
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	VCFO
NAME	MAHONEY, KEVIN F
STREET ADDRESS	ONE ALBION ROAD
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	CC
NAME	SIMPSON, GARY S
STREET ADDRESS	ONE ALBION RD
CITY-ST-ZIP	LINCOLN, RI 02865
TITLE	
NAME	
STREET ADDRESS	
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

GARY S. SIMPSON  
CORP. CONTROLLER

Date

Daytime Phone #

4/18/07 401-333-1200