


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0126220	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	05-01-08-80003-020 150.00
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MAHONEY, KEVIN F ONE ALBION ROAD LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CC SIMPSON, GARY S ONE ALBION RD LINCOLN, RI 02865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	GARY S. SIMPSON, CORP. CONTROLLER	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			