

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000001538

Entity Name: A. T. CROSS COMPANY

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ONE ALBION ROAD  
LINCOLN, RI 02865

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ALBION ROAD  
LINCOLN, RI 02865

**New Mailing Address:**

FEI Number: 05-0126220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH LT., INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BOSS, RUSSELL A  
Address: ONE ALBION ROAD  
City-St-Zip: LINCOLN, RI 02865

Title: PCEO  
Name: WHALEN, DAVID G  
Address: ONE ALBION ROAD  
City-St-Zip: LINCOLN, RI 02865

Title: VS  
Name: BENIK, TINA C  
Address: ONE ALBION ROAD  
City-St-Zip: LINCOLN, RI 02865

Title: VCFO  
Name: MAHONEY, KEVIN F  
Address: ONE ALBION ROAD  
City-St-Zip: LINCOLN, RI 02865

Title: CC  
Name: SIMPSON, GARY S  
Address: ONE ALBION RD  
City-St-Zip: LINCOLN, RI 02865

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN F. MAHONEY

VCFO

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date