


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 010 ***150.00

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| DOCUMENT # F99000000425 |  |
| 1. Entity Name SWAROVSKI NORTH AMERICA LIMITED, INC. | |

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| Principal Place of Business C/O MICHELLE MASSE ONE KENNEY DRIVE CRANSTON, RI 02920 | Mailing Address C/O MICHELLE MASSE ONE KENNEY DRIVE CRANSTON, RI 02920 |
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 05-0435033 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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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 | EVP COEN, KEVIN ONE KENNEDY DR CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP HIMSEY, DAVID G ONE KENNEY DRIVE CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP, T BROWN, DOUGLAS P ONE KENNEY DR CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP MACKINGER, REINHARD ONE KENNEDY DRIVE CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAPOPIANCO, EDWARD J ONE KENNEY DRIVE CRANSTON, RI 02920 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MASSE, MICHELLE ONE KENNEY DRIVE CRANSTON, RI 02920 |

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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.

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| SIGNATURE: <u>Michelle G. Masse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <u>4 Jan 08</u> | Daytime Phone #: <u>401 463 2542</u> |
|--|-----------------------|--------------------------------------|