## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State DOCUMENT # F9900006758 1. Entity Name VAN CLEEF & ARPELS, INC. 05-01-2002 91618 018 \*\*\*150.00 Principal Place of Business Mailing Address 744 5TH AVENUE 744 5TH AVENUE NEW YORK NY 10019 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1432455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition GUEDJ, NATHALIE NAME PESTINO RALPH NAME 744 5TH AVENUE STREET ADDRESS AVENUE STREET ADDRESS 744 **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY TITLE ☐ Delete TITLE ☐ Change Addition NAME TE LINTELO, JAN ALAIN DONINIQUE NAME STREET ADDRESS 744 5TH AVENUE STREET ADDRESS AVELLE 744 NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP NEW YOKK TITLE ☐ Delete TITLE Change Addition NAME BERG, ILLENE NAME STREET ADDRESS 744 5TH AVENUE STREET ADDRESS CĪTY-ST-ZIP NEW YORK NY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ARPELS, CLAUDE J NAME 744 5TH AVENUE STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUICHOT, ISABELLE NAME NAME STREET ADDRESS 744 5TH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP ۸ TITLE Delete TITLE ☐ Change ☐ Addition PERRIN NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TREE OF SIGNING OFFICER OR DIRECTOR

MAX 19 02

(2/2)-6449500 Daytime Phone # CR2E034 (9/01)

FILED