


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006758	
1. Entity Name VAN CLEEF & ARPELS, INC.	

Principal Place of Business 744 5TH AVENUE NEW YORK, NY 10019	Mailing Address 12 WEST 57TH ST 6TH FLOOR NEW YORK, NY 10019
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DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FE# Number 13-1432455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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.

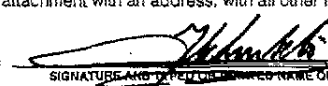
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P GUEJ, NATHALIE 744 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TE LINTELO, JAN 744 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, ILLENE 744 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARPELS, CLAUDE J 744 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUICHOT, ISABELLE 744 5TH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESTINO, RALPH 744 5TH AVENUE NEW YORK, NY

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAN te LINTELO** **2/10/04** **(646) 485-1681**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #