

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G09742**

1. Entity Name  
**THE HAMILTON COLLECTION, INC.**



Principal Place of Business  
**7018 A C SKINNER PARKWAY  
SUITE 300  
JACKSONVILLE, FL 32256-6975**

Mailing Address  
**7018 A C SKINNER PARKWAY  
SUITE 300  
JACKSONVILLE, FL 32256-6975**



04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2238623**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**U000000110737  
04/12/04-80095-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	LIGGETT, JAMES D
STREET ADDRESS	1371 LAKEWOOD DR
CITY-STATE-ZIP	LAKE FOREST, IL 60045
TITLE	V
NAME	DEL CIELLO, ROBERT
STREET ADDRESS	1536 TULANE DR
CITY-STATE-ZIP	NAPERVILLE, IL 60565
TITLE	S
NAME	TINBERG, RICHARD W
STREET ADDRESS	159 SHERIDAN RD
CITY-STATE-ZIP	WINNETKA, IL 60093
TITLE	V
NAME	FRAZER, BERNARD
STREET ADDRESS	7575 FOUNDERS WAY
CITY-STATE-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	D
NAME	MACARTHUR, JOHN R.C.G.
STREET ADDRESS	151 CENTRAL PARK WEST
CITY-STATE-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	MACARTHUR, SOLANGE D
STREET ADDRESS	1628 21ST STREET, NW
CITY-STATE-ZIP	WASHINGTON, DC 20009

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James D. Liggett**

**4/7/04**

Date

**847-966-2700**

Daytime Phone #