2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# M08000004287

Entity Name: SWAROVSKI CRYSTALLIZED LLC

Current Principal Place of Business:

ONE KENNEDY DRIVE
CRANSTON, RI 02920

New Principal Place of Business:

Current Mailing Address:

ONE KENNEDY DRIVE
CRANSTON, RI 02920

New Mailing Address:

FEI Number: 26-3365063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

MANAGING MEMBERS/MANAGERS:

Title:	VPT	( ) Delete
Name:	BROWN, DOUGLAS P	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	
Title:	VP	( ) Delete
Name:	COEN, KEVIN J	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	
Title:	VP	( ) Delete
Name:	HIMSEY, DAVID G	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	
Title:	VP	( ) Delete
Name:	MACKINGER, REINHARD F	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	
Title:	S	( ) Delete
Name:	CAPOBIANCO, EDWARD J	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	
Title:	S	( ) Delete
Name:	MASSE, MICHELLE G	
Address:	ONE KENNEDY DRIVE	
City-St-Zip:	CRANSTON, RI 02920	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	REDMOND, EMILY E	
Address:	ONE KENNEY DRIVE	
City-St-Zip:	CRANSTON, RI 02920 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EMILY E. REDMOND AS 05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date