

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001222

FILED
Feb 09, 2005
Secretary of State

Entity Name: JEWELRY INDUSTRY DISTRIBUTORS ASSOCIATION, INC.

Current Principal Place of Business:

701 ENTERPRISE DRIVE
HARRISON, OH 45030 US

New Principal Place of Business:

Current Mailing Address:

701 ENTERPRISE DRIVE
HARRISON, OH 45030 US

New Mailing Address:

FEI Number: 52-6057313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVESAY, SR., HENRY A
JIDA
456 W. COLUMBUS DR.
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FOSTER, RICK
Address: 2550 CIVIC CENTER DRIVE
City-St-Zip: CINCINNATI, OH 45231 US

Title: P () Delete
Name: GOLDBERG, LARRY
Address: 245 23RD ST
City-St-Zip: TOLEDO, OH 43624 US

Title: 1VP () Delete
Name: BILL, NAGLE
Address: 5 SOUTH WABASH AV # 105
City-St-Zip: CHICAGO, IL 60603

Title: 2VP () Delete
Name: COBRIN, HARVEY
Address: 1029 BEAVER HALL HILL # 410
City-St-Zip: MONTREAL, PQ H2Z 1R9 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J PACK

FN D

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date