

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N99000001222

Entity Name: JEWELRY INDUSTRY DISTRIBUTORS ASSOCIATION, INC.

Current Principal Place of Business:

230 HOMEWOOD DR
BUTLER, PA 16001 US

New Principal Place of Business:

Current Mailing Address:

230 HOMEWOOD DR
BUTLER, PA 16001 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: 2VP () Delete
Name: GOLDWYN, SALLIE
Address: 2820 SE 8TH STREET
City-St-Zip: PORTLAND, OR 97202 US

Title: T () Delete
Name: ESSLINGER, WILLIAM
Address: 1165 MEDALLION DR
City-St-Zip: ST PAUL, MN 55120 US

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

Title: 1VP () Delete
Name: KOUKOUDIAN, RENEE
Address: 2734 EAST ELEVEN MILE ROAD
City-St-Zip: BERKLEY, MI 48072 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 exemption stated in Chapter 119, 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: LEONARD DIGIACOMO

CPA

02/09/2009

Electronic Signature of Signing Officer or Director

Date