


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90035 011 \*\*\*300.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17951**

1. Corporation Name  
**BELDEN JEWELERS INC.**

Principal Place of Business 375 GHENT ROAD AKRON OH 44333	Mailing Address 375 GHENT ROAD AKRON OH 44333
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>02/09/1988</b>		
4. FEI Number <b>34-0630873</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PCD BURMAN, TERRY L 375 GHENT ROAD AKRON OH	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D BOYD, WALKER ZENITH HOUSE LONDON UK	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
VTD MILLER, RICHARD W. 375 GHENT ROAD AKRON OH	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VPF KLEIN, TERENCE J. 375 GHENT RD AKRON OH	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
SD FRANKOVICH, GEORGE 375 GHENT ROAD AKRON OH	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1-6-99** DAYTIME PHONE #: **330-668-5895**

CR2E034 (1/198)