
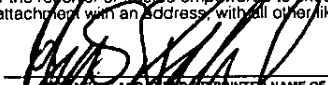


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90026 026 ***158.75

DOCUMENT # P17951					
1. Entity Name BELDEN JEWELERS INC.					
Principal Place of Business 375 GHENT ROAD AKRON, OH 44333			Mailing Address 375 GHENT ROAD AKRON, OH 44333		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 34-0630873	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURMAN, TERRY L		NAME		
STREET ADDRESS	375 GHENT ROAD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYD, WALKER		NAME		
STREET ADDRESS	15 GLODEN SQ		STREET ADDRESS		
CITY-ST-ZIP	LONDON, EN w119jg		CITY-ST-ZIP		
TITLE	EVPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRABLICCO, ROBERT D		NAME		
STREET ADDRESS	375 GHENT RD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
TITLE	VPF	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEIN, TERENCE J.		NAME		
STREET ADDRESS	375 GHENT RD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKOVICH, GEORGE		NAME		
STREET ADDRESS	375 GHENT ROAD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
TITLE	COPD	<input type="checkbox"/> Delete	TITLE	CEO, President, Director	<input checked="" type="checkbox"/> Change
NAME	LIGHT, MARK S		NAME		
STREET ADDRESS	375 GHENT RD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44333		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		George S. Frankovich		2/15/2007 330-1668-5326	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	