

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20418

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: LENOX OF NEW JERSEY, INCORPORATED

**Current Principal Place of Business:**

100 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

**New Principal Place of Business:**

**Current Mailing Address:**

100 LENOX DRIVE  
LAWRENCEVILLE, NJ 08648

**New Mailing Address:**

FEI Number: 21-0498476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BROWN, OWSLEY II  
Address: 850 DIXIE HWY  
City-St-Zip: LOUISVILLE, KY 40210

Title: CEO ( ) Delete  
Name: HANAUER, JAMES D  
Address: 100 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: SVP ( ) Delete  
Name: CISZEWSKI, JEROME J  
Address: 100 LENOX DR  
City-St-Zip: LAWRENCEVILLE, NJ 086482394

Title: SVPD ( ) Delete  
Name: FANTIN, LOUIS A.,  
Address: 100 LENOX DR  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: VP ( ) Delete  
Name: COHEN, ROBERT O  
Address: 100 LENOX DR.  
City-St-Zip: LAWRENCEVILLE, NJ 086482394

Title: P ( ) Delete  
Name: SCALA, LOUIS C  
Address: 100 LENOX DR  
City-St-Zip: LAWRENCEVILLE, NJ 086482394

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BROWN, LAURA L  
Address: 850 DIXIE HWY  
City-St-Zip: LOUISVILLE, KY 40210

Title: SVP (X) Change ( ) Addition  
Name: FANTIN, LOUIS A  
Address: 100 LENOX DR  
City-St-Zip: LAWRENCEVILLE, NJ 08648

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

SIGNATURE: ROBERT O COHEN

VP

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date