2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20418

Entity Name: LENOX OF NEW JERSEY, INCORPORATED

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 LENOX DRIVE LAWRENCEVILLE, NJ 08648				1414 RADO BRISTOL, I		US	
Current Mailing Address:				New Mailing Address:			
100 LENOX DRIVE LAWRENCEVILLE, NJ 08648				1414 RADCLIFFE ST BRISTOL, PA 19007 US			
FEI Number:	: 21-0498476	FEI Number Applied For()	FEI Num	nber Not Appli	icable ()	Certificate	e of Status Desired ()
Name and	d Address of (Current Registered Agent:		Name and	Address of	New Regi	stered Agent:
1200 S. PI PLANTATI	ORATION SYS NE ISLAND R ION, FL 33324	OAD	ourpose of	changing it	s registered	office or re	gistered agent, or both,
	e of Florida.	·	·	0 0	J		,
SIGNATU							
	Electro	nic Signature of Registered Ag	ent				ate
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ENGEL, SUSA 100 LENOX DI			Title: Name: Address: City-St-Zip:	CEOD (PFEFFERLE, 1414 RADCLI BRISTOL, PA	FFE ST) Addition
Title: Name: Address: City-St-Zip:	CFOD (SCHUGEL, TIN 6436 CITY WE EDEN PRAIRIE	ST PARKWAY		Title: Name: Address: City-St-Zip:	CFOD (SCHUGEL, TI 6436 CITY W EDEN PRAIR	EST PARKW	AY
Title: Name: Address: City-St-Zip:	FANTIN, LOUIS 100 LENOX DE			Title: Name: Address: City-St-Zip:	SVPS (FANTIN, LOUI 1414 RADCLI BRISTOL, PA	FFE ST) Addition
Title: Name: Address: City-St-Zip:	ANDERSON, J	ST PARKWAY		Title: Name: Address: City-St-Zip:	PD (RATTRAY, BF 1414 RADCLI BRISTOL, PA	FFE ST) Addition
Title: Name: Address: City-St-Zip:	COHEN, ROBE 100 LENOX DE			Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	BERWICK, JAI 100 LENOX DI			Title: Name: Address: City-St-Zip:	() Change() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. FANTIN SVPS 04/17/2007