

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90174 007 ***158.75

DOCUMENT # P21926

1. Corporation Name

FINLAY FINE JEWELRY CORPORATION



Principal Place of Business

529 FIFTH AVENUE
NEW YORK NY 10017

Mailing Address

529 FIFTH AVENUE
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1988

4. FEI Number

13-3287757

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	ZURLNICK, BRUCE	
STREET ADDRESS	529 FIFTH AVENUE, 5TH FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	REINER, ARTHUR E	
STREET ADDRESS	521 FIFTH AVE. 4TH FL	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNSTEIN, DAVID B.	
STREET ADDRESS	529 FIFTH AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, THOMAS H.	
STREET ADDRESS	590 MADISON AVENUE, 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DAVIS, BONNI G.	
STREET ADDRESS	529 FIFTH AVENUE, 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MELVIN, JOSEPH M	
STREET ADDRESS	521 FIFTH AVENUE, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10175	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Bonni G. Davis, V.P. & Secretary

4/8/99

Date

(212) 808-2080

Daytime Phone #

CR2E034 (11/98)