2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State P21926 DOCUMENT # FINLAY FINE JEWELRY CORPORATION 05-16-2002 90040 036 ***158.75 Principal Place of Business Mailing Address 529 FIFTH AVENUE 529 FIFTH AVENUE R0104964 NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3287757 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporațion is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VT. STORY BRUCE TITLE ☐ Delete TITLE CR2E034 (9/01) Addition NAME NAME 529 FIFTH AVENUE, 5TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE REINER, ARTHUR E NAME 521 FIFTH AVE. 4TH FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10175** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CORNSTEIN, DAVID B. NAME STREET ADDRESS 529 FIFTH AVE., 6TH FLOOR STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEE, THOMAS H. NAME 590 MADISON AVENUE, 41ST FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10022** CITY-ST-ZIP CITY-ST-ZIP **VS** TITLE Delete TITLE Change Addition NAME DAVIS. BONNI G. NAME 529 FIFITH AVENUE. 6TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition MELVIN, JOSEPH M NAME NAME 521 FIFTH AVENUE, 4TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10175** CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 of trustee empowered to explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment withher address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 808-2080

FILED