

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P21926

1. Entity 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



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3287757

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when relistening)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	ZURLNICK, BRUCE
STREET ADDRESS	529 FIFTH AVENUE, 5TH FL
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	CD
NAME	REINER, ARTHUR E
STREET ADDRESS	521 FIFTH AVE, 4TH FL.
CITY-ST-ZIP	NEW YORK, NY 10175
TITLE	D
NAME	CORNSTEIN, DAVID B.
STREET ADDRESS	529 FIFTH AVE., 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	D
NAME	GOLDSTEIN, MICHAEL
STREET ADDRESS	ONE GEOFFREY WAY 2ND FLOOR
CITY-ST-ZIP	WAYNE, NJ 07470
TITLE	VS
NAME	DAVIS, BONNI G.
STREET ADDRESS	529 FIFTH AVENUE, 6TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	P
NAME	MELVIN, JOSEPH M
STREET ADDRESS	521 FIFTH AVENUE, 4TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10175

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04/30/05-80058-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 212-808-2800

Date

Daytime Phone #

Bonni G. Davis, V.P. & Secretary