

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90218 050 \*\*\*158.75

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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** ☐ Delete  
NAME **ZURLNICK, BRUCE**  
STREET ADDRESS **529 FIFTH AVENUE, 5TH FL**  
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **CD** ☐ Delete  
NAME **REINER, ARTHUR E**  
STREET ADDRESS **521 FIFTH AVE. 4TH FL.**  
CITY-ST-ZIP **NEW YORK, NY 10175**

TITLE **D** ☐ Delete  
NAME **CORNSTEIN, DAVID B.**  
STREET ADDRESS **529 FIFTH AVE., 6TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **D** ☒ Delete  
NAME **GOLDSTEIN, MICHAEL**  
STREET ADDRESS **ONE GEOFFREY WAY 2ND FLOOR**  
CITY-ST-ZIP **WAYNE, NJ 07470**

TITLE **VS** ☐ Delete  
NAME **DAVIS, BONNI G.**  
STREET ADDRESS **529 FIFTH AVENUE, 6TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **P** ☐ Delete  
NAME **MELVIN, JOSEPH M**  
STREET ADDRESS **521 FIFTH AVENUE, 4TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10175**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Matthews, Norman S.**  
STREET ADDRESS **299 Park Avenue**  
CITY-ST-ZIP **New York, NY 10171**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Reiner, Arthur E.**  
STREET ADDRESS **529 Fifth Avenue, 4th Floor**  
CITY-ST-ZIP **New York, NY 10017**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Change ☐ Addition  
NAME **Melvin, Joseph M.**  
STREET ADDRESS **529 Fifth Avenue, 4th Floor**  
CITY-ST-ZIP **New York, NY 10017**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**Bonni G. Davis, VP &**

**Secretary**

4/9/07 212-808-2080