

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90214 045 \*\*\*158.75

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P35665**

1. Corporation Name  
**TIFFANY AND COMPANY**

|   |   |
|---|---|
| Principal Place of Business<br>TIFFANY AND COMPANY<br>259 WORTH AVE.<br>PALM BEACH FL 33480<br>US | Mailing Address<br>727 5TH AVE.<br>NEW YORK NY 10022-2500<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>30             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/26/1991</b>                          |  |
| 4. FEI Number<br><b>13-1387680</b>  | Applied For<br>Not Applicable                            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>            | <b>\$8.75</b> Additional Fee Required                    |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                       |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | COBD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHANNEY, WILLIAM R                   | 1.2 NAME  |   |
| STREET ADDRESS             | 51 SHORE RD                          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CLINTON CT 06413                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KOWALSKI, MICHAEL J                  | 2.2 NAME  |   |
| STREET ADDRESS             | 320 BROOKDALE ROAD                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KINNELON NJ 07405                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DORSEY, PATRICK B                    | 3.2 NAME  |   |
| STREET ADDRESS             | 170 COLLINGWOOD AVENUE               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FAIRFIELD CT 06432                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERNANDEZ, JAMES N                   | 4.2 NAME  |   |
| STREET ADDRESS             | 11 ROGERS COURT                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIDLAND PARK NJ 07432                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUINN, JAMES E                       | 5.2 NAME  |   |
| STREET ADDRESS             | 59 BEACHMONT TERRACE                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NORTH CALDWELL NJ 07006              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick B. Dorsey Title: Senior Vice President, Secretary and General Counsel  
 Date: 2/8/99 Daytime Phone #: 212-405-4617

CR2E034 (1/98)