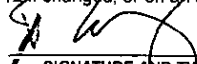


2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN -9 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|------------------------|---|---|---|--|
| DOCUMENT # P35665 | | | | FILED | |
| 1. Entity Name | | | | 00 JUN -9 PM 2:48 | |
| TIFFANY AND COMPANY | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business | | Mailing Address | | | |
| TIFFANY AND COMPANY 259 WORTH AVE. PALM BEACH FL 33480 US | | 15 SYLVAN WAY PARSIPPANY, NJ 07054 US | | | |
| 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 | |
| | | | | 13-1387680 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | 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. | | | | | |
| SIGNATURE _____ DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | COBD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHANEY, WILLIAM R | | NAME | | |
| STREET ADDRESS | 51 SHORE RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | CLINTON CT 06413 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOWALSKI, MICHAEL J | | NAME | | |
| STREET ADDRESS | 320 BROOKDALE ROAD | | STREET ADDRESS | 800003297578 | |
| CITY - ST - ZIP | KINNELON NJ 07405 | | CITY - ST - ZIP | -06/20/00--01064--017 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DORSEY, PATRICK B | | NAME | | |
| STREET ADDRESS | 170 COLLINGWOOD AVENUE | | STREET ADDRESS | ***550.00 ***550.00 | |
| CITY - ST - ZIP | FAIRFIELD, CT 06432 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FERNANDEZ, JAMES N | | NAME | | |
| STREET ADDRESS | 11 ROGERS COURT | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIDLAND PARK NJ 07432 | | CITY - ST - ZIP | | |
| TITLE | TV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CONNOLLY, MICHAEL W. | | NAME | | |
| STREET ADDRESS | 35 FORGE HILL ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | GLEN GARDNER, NJ 08826 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| 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 or trustee empowered to execute 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 with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | MICHAEL W. CONNOLLY | | 06/02/00 973-254-7000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

CR2E034 (9/99)