


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P35665 1. Entity Name TIFFANY AND COMPANY	
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Principal Place of Business TIFFANY AND COMPANY 259 WORTH AVE. PALM BEACH, FL 33480 US	Mailing Address 15 SYLVAN WAY PARSIPPANY, NJ 07054 US
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1387680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, HENRY 438 SUSSEX ROAD WOOD RIDGE, NJ 07075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORSEY, PATRICK B 170 COLLINGWOOD AVENUE FAIRFIELD, CT 06432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JAMES N 11 ROGERS COURT MIDLAND PARK, NJ 07432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CONNOLLY, MICHAEL W 35 FORGE HILL ROAD GLEN GARDNER, NJ 08826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/03/08-80040-023 150.00

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:  **4/28/08** **973-254-7657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #