



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62816		2. Name of Corporation Swarovski Optik North America Limited			
3. Street Address Principal Business Office TWO SLATER ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4017341800		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER AND DISTRIBUTOR OF OPTICAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name M. James Morey			Vice President Name		
Street Address Two Slater Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Norman G. Orodenker			Treasurer Name Roger Spina, Jr.		
Street Address 10 Weybosset Street			Street Address Two Slater Road		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Werner Trattner			Director Name M. James Morey		
Street Address Two Slater Road			Street Address Two Slater Road		
City Cohasset	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Norman G. Orodenker			Director Name		
Street Address 10 Weybosset Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 2 8 1 6

62816 DBC 01/07/05 02:44:16 PM

File Date 2/7/05

Check No. 61249

By: W.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Norman G. Orodenker 2/2/05
Signature of Officer Date
Norman G. Orodenker
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62816		2. Name of Corporation Swarovski Optik North America Limited			
3. Street Address Principal Business Office TWO SLATER ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4017341800		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER AND DISTRIBUTOR OF OPTICAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name M. James Morey			Vice President Name None		
Street Address Two Slater Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Norman G. Orodener			Treasurer Name Roger Spina, Jr.		
Street Address 10 Weybosset Street			Street Address Two Slater Road		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerhard Swarovski			Director Name Werner Trattner		
Street Address Two Slater Road			Street Address Two Slater Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Daniel Swarovski			Director Name M. James Morey		
Street Address Two Slater Road			Street Address Two Slater Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 2 8 1 6

62816 DBC 01/12/04 11:13:53 AM

File Date _____ **FILED**

Check No. _____ **MAR 24 2004**

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

M. James Morey 3 March 04.
Signature of Officer Date

M. James Morey
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62816		2. Name of Corporation Swarovski Optik North America Limited			
3. Street Address Principal Business Office Two Slater Road			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 734-1800		5. State of Incorporation Rhode Island			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island Manufacturer and distributor of optical equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name M. James Morey			Vice President Name None		
Street Address Two Slater Road			Street Address .		
City Cranston	State RI	Zip 02920	City .	State .	Zip .
Secretary Name Norman G. Orodenger			Treasurer Name Roger Spina, Jr.		
Street Address 10 Weybosset Street			Street Address Two Slater Road		
City Cranston	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerhard Swarovski			Director Name Werner Trattner		
Street Address Two Slater Road			Street Address Two Slater Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Daniel Swarovski			Director Name M. James Morey		
Street Address Two Slater Road			Street Address Two Slater Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		300	Common	No Par
11. SHARES ISSUED (X BOX FOR ATTACHMENT) []					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 2 8 1 6

File Date: 2/3/03
Check No: 52462
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer: Norman G. Orodenger
Date: 1/27/03
Print or Type Name of Officer: Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62816**
2. Name of Corporation **Swarovski Optik North America Limited**
3. Street Address Principal Business Office
Two Slater Road
4. Business Phone No. **(401) 734-1800**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturer and distributor of optical equipment

City **Cranston** State **RI** Zip **02920**
6. SIC Code **2618**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **M. James Morey**
Street Address **Two Slater Road**
City **Cranston** State **RI** Zip **02920**
Secretary Name **Norman G. Orodener**
Street Address **10 Weybosset Street**
City **Providence** State **RI** Zip **02903**

Vice President Name **None**
Street Address
City State Zip
Treasurer Name **Lawrence Bean**
Street Address **Two Slater Road**
City **Cranston** State **RI** Zip **02920**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Gerhard Swarovski**
Street Address **Two Slater Road**
City **Cranston** State **RI** Zip **02920**
Director Name **Norman G. Orodener**
Street Address **10 Weybosset Street**
City **Providence** State **RI** Zip **02903**

Director Name **Werner Trattner**
Street Address **Two Slater Road**
City **Cranston** State **RI** Zip **02920**
Director Name **M. James Morey**
Street Address **Two Slater Road**
City **Cranston** State **RI** Zip **02920**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
300 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 8 1 6 *

File Date: JAN 23 2002
Check No.:
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer [Signature] Date 1/22/02
Norman G. Orodener
Print or Type Name of Officer
Secretary
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62816** 2. Name of Corporation **Swarovski Optik North America Limited**

3. Street Address Principal Business Office **Two Slater Road** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 734-1800** 5. State of Incorporation **RHODE ISLAND** 6. State Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturer and distributor of optical equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name M. James Morey Street Address Two Slater Road City Cranston State RI Zip 02920	Vice President Name None Street Address City State Zip
Secretary Name Norman G. Orodener Street Address 10 Weybosset Street City Providence State RI Zip 02903	Treasurer Name Lawrence Bean Street Address Two Slater Road City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Gerhard Swarovski Street Address Two Slater Road City Cranston State RI Zip 02920	Director Name Werner Trattner Street Address Two Slater Road City Cranston State RI Zip 02920
Director Name Norman G. Orodener Street Address 10 Weybosset Street City Providence State RI Zip 02903	Director Name M. James Morey Street Address Two Slater Road City Cranston State RI Zip 02920

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 8 1 6 *

File Date: 3/1/2001
Check No.: 45347
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/25/01
Signature of Officer Date
Norman G. Orodener
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62816** 2. Name of Corporation **Swarovski Optik North America Limited**
3. Street Address Principal Business Office
Two Slater Road City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 734-1800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturer and distributor of optical equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name M. James Morey	Vice President Name None
Street Address Two Slater Road	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Norman G. Orodenker	Treasurer Name Lawrence Bean
Street Address 10 Weybosset Street	Street Address Two Slater Road
City Providence State RI Zip 02903	City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Gerhard Swarovski	Director Name Werner Trattner
Street Address Two Slater Road	Street Address Two Slater Road
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Director Name Norman G. Orodenker	Director Name
Street Address 10 Weybosset Street	Street Address
City Providence State RI Zip 02903	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
300 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date: **MAR 08 2000**
Check No.:
By: **GC41644**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Norman G. Orodenker 3/6/00
Signature of Officer Date
Norman G. Orodenker
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62816		2. Name of Corporation Swarovski Optik North America Limited			
3. Street Address Principal Business Office One Wholesale Way			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-2220		5. State of Incorporation RHODE ISLAND		6. St. Code 2518	
7. Brief Description of the Character of Business Conducted in Rhode Island Manufacturer and distributor of optical equipment					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name M. James Morey			Vice President Name None		
Street Address One Wholesale Way			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Norman G. Orodener			Treasurer Name Lawrence Bean		
Street Address One Park Row			Street Address One Wholesale Way		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerhard Swarovski			Director Name Werner Trattner		
Street Address One Wholesale Way			Street Address One Wholesale Way		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Norman G. Orodener			Director Name		
Street Address One Park Row			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VAL			300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 8 1 6 *

File Date: Jan 2 99

Check No.: 35177

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/16/98

Norman G. Orodener

Print or Type Name of Officer

Secretary

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62816** 2. Name of Corporation **Swarovski Optik North America Limited**
3. Street Address Principal Business Office **One Wholesale Way** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-2220** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturer and distributor of optical equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name M. James Morey	Vice President Name None
Street Address One Wholesay Way	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Norman G. Orodanker	Treasurer Name Lawrence Bean
Street Address One Park Row	Street Address One Wholesale Way
City Providence State RI Zip 02903	City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Gerhard Swarovski	Director Name Werner Trattner
Street Address One Wholesale Way	Street Address One Wholesale Way
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Director Name Norman G. Orodanker	Director Name
Street Address One Park Row	Street Address
City Providence State RI Zip 02903	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000 SHS NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: _____
Check No.: **29710**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **2/28/98**
Signature of Officer **Norman G. Orodanker** Date
Print or Type Name of Officer
Secretary
Title of Officer

Corporate ID No.
62816

Attachment to Swarovski Optik North America Limited

Chairman of the Board
Gerhard Swarovski
One Wholesale Way
Cranston, RI 02920

Controller
Lawrence Bean
One Wholesale Way
Cranston, RI 02920



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62816** 2. Name of Corporation **Swarovski Optik North America Limited**
3. Street Address Principal Business Office **One Wholesale Way** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-2220** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

Holding company

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X**

President Name M. James Morey	Vice President Name None
Street Address One Wholesay Way	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Norman G. Orodener	Treasurer Name Lawrence Bean
Street Address One Park Row	Street Address One Wholesale Way
City Providence State RI Zip 02903	City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Gerhard Swarovski	Director Name Werner Trattner
Street Address One Wholesale Way	Street Address One Wholesale Way
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Director Name Norman G. Orodener	Director Name
Street Address One Park Row	Street Address
City Providence State RI Zip 02903	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VAL		300	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 8 1 6 *

File Date: 3/4/97
Check No.: 22697
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/3/97
Signature of Officer Date

Norman G. Orodener

Print or Type Name of Officer

Secretary

Title of Officer

Corporate ID No.
62816

Attachment to Swarovski Optik North America Limited

Chairman of the Board

Gerhard Swarovski
One Wholesale Way
Cranston, RI 02920

Controller

Lawrence Bean
One Wholesale Way
Cranston, RI 02920

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATION ID NO: 62816
2. NAME OF CORPORATION: Swarovski Optik North America Limited
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: One Wholesale Way, CITY: Cranston, STATE: RI, ZIP CODE: 02920
4. BUSINESS PHONE NO: (401) 946-2220, 5. STATE OF INCORPORATION: RHODE ISLAND, 6. SIC CODE: 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Holding company

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME: M. James Morey, VICE PRESIDENT NAME: [Blank]
STREET ADDRESS: One Wholesale Way, CITY: Cranston, STATE: RI, ZIP CODE: 02920
SECRETARY NAME: Norman G. Orodener, TREASURER NAME: Lawrence Bean
STREET ADDRESS: One Park Row, CITY: Providence, STATE: RI, ZIP CODE: 02903
STREET ADDRESS: One Wholesale Way, CITY: Cranston, STATE: RI, ZIP CODE: 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME: Gerhard Swarovski, DIRECTOR NAME: Werner Trattner
STREET ADDRESS: One Wholesale Way, CITY: Cranston, STATE: RI, ZIP CODE: 02920
STREET ADDRESS: One Wholesale Way, CITY: Cranston, STATE: RI, ZIP CODE: 02920
DIRECTOR NAME: Norman G. Orodener
STREET ADDRESS: One Park Row, CITY: Providence, STATE: RI, ZIP CODE: 02903

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000 SHS	NO PAR VAL		300	Common	No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Norman G. Orodener
Signature of Officer
Norman G. Orodener

File Date: 2/27/96
Check No: 13685
By: *[Signature]*
For Secretary of State Use Only

Print or Type Name of Officer: Secretary
Date: 2/26/96
Title of Officer: [Blank]

Attachment to Swarovski Optik North America Limited Annual Report

Chairman of the Board

Gerhard Swarovski
One Wholesale Way
Cranston, RI 02920

Controller

Lawrence Bean
One Wholesale Way
Cranston, RI 02920

Asst. Secretary

Drew P. Kaplan
One Park Row
Providence, RI 02903

State of Rhode Island and Providence Plantations
Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT
 Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED

Corporate ID: 0062816

Annual Report for the Year: 1995

Name of Corporation: Swarovski Optik North America Limited

Business entity organized under the laws of the State of: Rhode Island (1.1)

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-

For foreign entity, address and telephone number of principal office:

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
One Wholesale Way
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:
holding company.

Phone: (401) 463-3000

THE NAMES OF THE OFFICERS ARE:

	Street Address	City/State	Zip Code
PRESIDENT See Attached			
VICE PRESIDENT	Street Address	City/State	Zip Code
SECRETARY	Street Address	City/State	Zip Code
TREASURER	Street Address	City/State	Zip Code

THE NAMES OF THE DIRECTORS ARE:

NAME	Street Address	City/State	Zip Code
See Attached			
NAME	Street Address	City/State	Zip Code
NAME	Street Address	City/State	Zip Code
NAME	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED
 (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING
 (Rider may be attached)

Number of Shares	Class/Series	Number of Shares	Class/Series
4,000	Common N/A No Par	300	Common N/A No Par

Date February 28, 1995

By: *Or Jim [Signature]*

Swarovski Optik North America Limited

Officers

Chairman of the Board -	Gerhard Swarovski D. Swarovski & Company Postfach 15 A-6112 Wattens Tirol, Austria
President	M. James Morey Swarovski Optik North America One Wholesale Way Cranston, RI 02920
Treasurer and Controller	Lawrence Bean Swarovski Optik North America One Wholesale Way Cranston, RI 02920
Secretary	Norman G. Orodener One Park Row Providence, RI 02903
Asst. Secretary	Drew P. Kaplan One Park Row Providence, RI 02903

Directors

Gerhard Swarovski Werner Trattner Swarovski Optik K.G. Absa, Postfach/Box 61 A-6060 Hall in Tirol Austria	Same as above
Gunter Arnsteiner Swarovski Optik K.G. Absa, Postfach/Box 61 A-6060 Hall in Tirol Austria	
Norman G. Orodener	Same as above

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0062816 Annual Report for the Year: 1994

Name of Business Entity: Swarovski Optik North America Limited

Business entity organized under the laws of the State of: Rhode Island (1.1)

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)

Federal Taxpayer Identification Number: 66-0708889

Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Limited Liability Company (See RIGL 7-16)

Phone: _____

Name, title and mailing address of contact person to whom communications may be directed:
Norman G. Orodener, Esq.
One Park Row
Providence, RI 02903

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
One Wholesale Way
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:
holding company.

Phone: (401) 946-2220

Date of Organization: January 1, 1991

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

Chief Executive Officer or President (Check One) Street Address City/State Zip Code

See Attached
 Chief Operating Officer or V. President (Check One) Street Address City/State Zip Code

Custodian of Records or Secretary (Check One) Street Address City/State Zip Code

Chief Financial Officer or Treasurer (Check One) Street Address City/State Zip Code

THE NAMES OF THE DIRECTORS ARE:

Name Street Address City/State Zip Code

See Attached

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING	
NUMBER	4,000	NUMBER	300
CLASS	Common	CLASS	Common
SERIES	N/A	SERIES	N/A
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR WITHOUT PAR	No Par Value

SWAROVSKI OPTIK NORTH AMERICA LIMITED

Date December 13, 1994

By: M. James Morey

M. James Morey
Print or Type Name of Officer Signing

President
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Norman G. Orodener, Esq.
One Park Row
Providence, RI 02903

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED
DEC 15 1994
by M5901#6859

OFFICERS

Chairman of the Board	Gerhard Swarovski Daniel Swarovski Corporation A-6112 Wattens Tirol, Austria
President	M. James Morey One Wholesale Way Cranston, RI 02920
Treasurer and Controller	Lawrence Bean One Wholesale Way Cranston, RI 02920
Secretary	Norman G. Orodener One Park Row Providence, RI 02903
Asst. Secretary	Susan Leach DeBlasio One Park Row Providence, RI 02903

DIRECTORS

Gerhard Swarovski Same as above
Gunter Arnsteiner Postfach/Box 61 Absam A-6060 Hall in Tirol Austria
Werner Trattner Postfach/Box 61 Absam A-6060 Hall in Tirol Austria
Norman G. Orodener Same as above

Filing Fee: \$50.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 0062816

Annual Report for the year 1993

FIRST: The name of the corporation is **SWAROVSKI OPTIK NORTH AMERICA LIMITED**

SECOND: It is incorporated under the laws of **Rhode Island**.

THIRD: Character of business; **B**riefly stated, is **holding company**.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island: c/o Norman G. Orodener, Esq.,
One Park Row, Providence, RI 02903

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
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See Attached Rider

SEVENTH: Number of Shares authorized:	Par Value or statement that shares are without par value
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<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>par value</u>
4,000	Common		No Par Value

EIGHTH: Number of Shares issued:	Par Value or statement that shares are without par value
----------------------------------	--

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>par value</u>
300	Common		No par value

Dated: <i>February 26,</i> 1993	<u>SWAROVSKI OPTIK NORTH AMERICA LIMITED</u> (Name of Corporation)
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By: *Lawrence Bean*

(Report must be signed by an officer) Title: *Treasurer*

Rec'd & Filed MAR 10 1993

AMT#29
11942

Directors

Gerhard Swarovski	General-Wille-Strasse 88 CH-8706 Feldmeilen, Switzerland
Karl Huber	Same as above
Werner Trattner	Same as above
Norman G. Orodener	One Park Row Providence, RI 02903

Officers

Gerhard Swarovski	Chrm. of the Board	Same as above
M. James Morey	President	One Wholesale Way Cranston, RI 02920
Robert Meichsner	Vice President	One Wholesale Way Cranston, RI 02920
Lawrence Bean	Treasurer	One Wholesale Way Cranston, RI 02920
Norman G. Orodener	Secretary	One Park Row Providence, RI 02903
Susan Leach DeBlasio	Asst. Secretary	One Park Row Providence, RI 02903

Filing Fee: \$50.00

9B

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID ⁶²⁸⁷⁶ 0061964

Annual Report for the year 1992

FIRST: The name of the corporation is **SWAROVSKI OPTIK NORTH AMERICA LIMITED**

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is engaging in the business of manufacturing and selling optical instruments

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island: c/o Norman G. Orodener, One Park Row, Providence, RI 02903

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Gerhard Swarovski	Director	General-Wille-Strasse 88, CH-8706 Feldmeilen, Switzerland
Karl Huber	Director	Same as above
Werner Trattner	Director	Same as above
Norman G. Orodener	Director	One Park Row, Prov., RI 02903
Gerhard Swarovski	Chair. of Bd	Same as above
M. James Morey	President	One Wholesale Way, Cranston, RI 02920
Robert Meichsner	Vice President	One Wholesale Way, Cranston, RI 02920
Robert Paiva	Treasurer	One Wholesale Way Cranston, RI 02920
Norman G. Orodener	Secretary	One Park Row, Providence, RI 02903
Susan Leach DeBlasio	Asst. Secretary	One Park Row, Providence, RI 02903

SEVENTH: Number of Shares authorized:

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
4000	Common		No Par

EIGHTH: Number of Shares issued: **Rec'd & Filed MAR 20 1992**

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
300	Common	<i>PIPH146600</i>	No Par

Dated: _____, 1992

SWAROVSKI OPTIK NORTH AMERICA LIMITED
(Name of Corporation)

By: *Norman G. Orodener*

(Report must be signed by an officer)

Title: Secretary