STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
108097	EUROMARKET DESIGNS, INC.			
3. Street Address Principal Business Office		City	State	Zip
1250 TECHNY ROAD		NORTHBROOK	ILLINOIS	60062
4. Business Phone No.	5. State of Incorporation			6. SIC Code
847-272-2888	ILLINOIS			4317

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

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

President Name	Street Address	City	State	Zip
BARBARA A. TURF	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
HARVEY J. SILVERSTONE	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Treasurer Name	Street Address	City	State	Zip
BRUCE W. SCHNEIDEWIND	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

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

Director Name	Street Address	City	State	Zip
BARBARA A. TURF	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
MICHAEL OTTO	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
GORDON I. SEGAL	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
WOLFGANG LINDER	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	$1.00

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

[redacted] [redacted]

108097

File Date 1/10/05

Check No. 002389869

By: [redacted]

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.

[redacted] 1/4/05

Signature of Officer *Date*

BRUCE W. SCHNEIDEWIND

Print or Type Name of Officer

TREASURER

Title of Officer

[redacted]

Form 630 Rev. 12/03

14

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
108097	EUROMARKET DESIGNS, INC.			
3. Street Address Principal Business Office		City	State	Zip
1250 TECHNY ROAD		NORTHBROOK	ILLINOIS	60062
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(847) 272-2888	ILLINOIS			4317

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

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

President Name	Street Address	City	State	Zip
BARBARA A. TURF	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
HARVEY J. SILVERSTONE	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Treasurer Name	Street Address	City	State	Zip
BRUCE W. SCHNEIDEWIND	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

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

Director Name	Street Address	City	State	Zip
BARBARA A. TURF	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
MICHAEL OTTO	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
GORDON I. SEGAL	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

Director Name	Street Address	City	State	Zip
STEPHAN HARMENING	1250 TECHNY ROAD	NORTHBROOK	ILLINOIS	60062

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	$1.00

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

[redacted]

108097

File Date 2.9.04

Check No. 1D 0321628

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Bruce W Schneidewind 1/29/04

Signature of Officer *Date*

BRUCE W. SCHNEIDEWIND
Print or Type Name of Officer

TREASURER
Title of Officer

[redacted]

Form 630 Rev. 12/03

EUROMARKET DESIGNS, INC.
CORPORATE ID NO: 108097

ATTACHMENT TO FORM 630 – PROFIT CORPORATION ANNUAL REPORT

Question 9 – Names and Addresses of the Directors

Director Name:	Wolfgang Linder
Street Address:	1250 Techny Road
City, State, Zip:	Northbrook, Illinois 60062

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108097

2. Name of Corporation EUROMARKET DESIGNS, INC.

3. Street Address Principal Business Office 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

4. Business Phone No. (847) 272-2888

5. State of Incorporation ILLINOIS

6. SIC Code 4317

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF HOUSEWARES

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

President Name BARBARA A. TURF
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Vice President Name NONE
Street Address
City *State* *Zip*

Secretary Name HARVEY SILVERSTONE
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Treasurer Name BRUCE W. SCHNEIDEWIND
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

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

Director Name BARBARA A. TURF
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name MICHAEL OTTO
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name GORDON I. SEGAL
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name MARTIN ZAEPFEL
Street Address 1250 TECHNY ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM	$1.00 PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	$1.00

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

* 1 0 8 0 9 7 *

File Date: 1-16-03

Check No.: 2231833

By: UP

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* 1/13/03

HARVEY SILVERSTONE
Print or Type Name of Officer

SECRETARY
Title of Officer

EUROMARKET DESIGNS, INC.
CORPORATE ID NO.: 108097

ATTACHMENT TO FORM 630 – PROFIT CORPORATION ANNUAL REPORT

Question 9 – Names and Addresses of the Directors

Director Name:	Stephan Harmening
Street Address:	1250 Techny Road
City, State, Zip:	Northbrook, Illinois 60062

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 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 108097
2. Name of Corporation: EUROMARKET DESIGNS, INC.
3. Street Address Principal Business Office: 1250 TECHNY ROAD — City: NORTHBROOK — State: ILLINOIS — Zip: 60062
4. Business Phone No.: (847) 272-2888
5. State of Incorporation: ILLINOIS
6. SIC Code: 4317
7. Brief Description of the Character of Business Conducted in Rhode Island: RETAIL SALES OF HOUSEWARES

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

President Name: BARBARA A. TURF
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Vice President Name: GORDON I. SEGAL
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Secretary Name: HARVEY SILVERSTONE
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Treasurer Name: BRUCE W. SCHNEIDEWIND
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

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

Director Name: BARBARA A. TURF
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Director Name: MICHAEL OTTO
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Director Name: GORDON I. SEGAL
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

Director Name: MARTIN ZAEPFEL
Street Address: 1250 TECHNY ROAD
City: NORTHBROOK — State: ILLINOIS — Zip: 60062

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	$1.00

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

* 1 0 8 0 9 7 *

File Date: 1-22-02
Check No.: 213229
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.

Signature of Officer: [signature] Date: 1/18/02

HARVEY SILVERSTONE
Print or Type Name of Officer

SECRETARY
Title of Officer

EUROMARKET DESIGNS, INC.
CORPORATE ID NO: 108097

ATTACHMENT TO FORM 630 – PROFIT CORPORATION ANNUAL REPORT

Question 9 – Names and Addresses of the Directors

Director Name:	Benedikt Best
Street Address:	1250 Techny Road
City, State, Zip:	Northbrook, Illinois 60062

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

31

STOP
PLEASE READ INSTRUCTIONS

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No* 108097
2. *Name of Corporation* EUROMARKET DESIGNS, INC.

3. *Street Address Principal Business Office* 725 LANDWEHR ROAD
City NORTHBROOK
State ILLINOIS
Zip 60062

4. *Business Phone No* (847) 272-2888
5. *State of Incorporation* ILLINOIS
6. *SIC Code* 4317

7. *Brief Description of the Character of Business Conducted in Rhode Island*
RETAIL SALES OF HOUSEWARES

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

President Name BARBARA A. TURF
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Vice President Name GORDON I. SEGAL
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Secretary Name HARVEY SILVERSTONE
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Treasurer Name BRUCE W. SCHNEIDEWIND
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

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

Director Name BARBARA A. TURF
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name MICHAEL OTTO
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name GORDON I. SEGAL
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

Director Name MARTIN ZAEPFEL
Street Address 725 LANDWEHR ROAD
City NORTHBROOK *State* ILLINOIS *Zip* 60062

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

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM	$1.00 PAR	VAL

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

Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	$1.00

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

[redacted] *108097*

File Date: 2/22

Check No. 2086940

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Harvey Silverstone 2-19-01
Signature of Officer *Date*

HARVEY SILVERSTONE
Print or Type Name of Officer

SECRETARY
Title of Officer

EUROMARKET DESIGNS, INC.
CORPORATE ID NUMBER: 108097

ATTACHMENT TO FORM 630 – PROFIT CORPORATION ANNUAL REPORT

Question 9 – Names and Addresses of the Directors (continued)

Director Name:	Benedikt Best
Street Address:	725 Landwehr Road
City, State, Zip:	Northbrook, IL 60062

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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. **108097**

2. Name of Corporation **EUROMARKET DESIGNS, INC. **TO DO BUSINESS UNDERFICTITIOUS NAME OF: Crate & Barrel**

3. Street Address Principal Business Office: 725 Landwehr Rd — City: Northbrook — State: IL — Zip: 60062

4. Business Phone No.: 847 272 2888

5. State of Incorporation: **ILLINOIS**

6. SIC Code: 5884

7. Brief Description of the Character of Business Conducted in Rhode Island: Retailer - housewares & home furnishings

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

President Name: Barbara Turf
Street Address: 725 Landwehr Rd
City: Northbrook State: IL Zip: 60062

Vice President Name: Gordon Segal
Street Address:
City State Zip

Secretary Name: Harvey Silverstone
Street Address:
City State Zip

Treasurer Name: Bruce Schneidewind
Street Address:
City State Zip

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

Director Name: Same as above
Street Address:
City State Zip

Director Name:
Street Address:
City State Zip

Director Name:
Street Address:
City State Zip

Director Name:
Street Address:
City State Zip

JUN 13 2 55 PM '00

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
~~1,000 CONN $1.00 PAR VAL~~ Correct		
1,000,000	Cl A Common	$.01
	Cl B Common	$.01

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
5,140,000 Issued		
7,860,000 Issued		

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

* 1 0 8 0 9 7 *

File Date: 6/13/00

Check No.: 00002415

By: NEG

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.

Bruce Schneidewind
Signature of Officer *Date*

Bruce Schneidewind
Print or Type Name of Officer

CFO
Title of Officer