

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

. Corperate ID No. 108097	2. Name of Corporate EUROMARKE	T DESIGNS, INC.				
Street Address Principal Busine	•	•	City	State	Zψ 6.006.2	
. Business Phone No.	OAD	1 2 3 2 2 3	NORTHBROOK	ILLINOIS	60062	
		5. State of Incorporation	91		6 SIC Code 4317	
847-272-2888  Brief Description of the Charac	ton of Directions Considerated to	ILLINOIS			4317	
RETAILER - HOUSE	WARES.	r Knowe isiana				
. NAMES AND ADDRESS	ES OF THE OFFICER:	S: ("X" ROX FOR AT	TACHMENT)     FILL IN	SPACES BEFORE USING	ATTACHMENTS	
vsidem Name	LU O. IIIL OIIIGEN	o. ( A Box rox Ar	Vice President Name	STACES DETORE OSINO	MINCHALNIS	
BARBARA A. TURF			NONE			
reet Address	<del> </del>	<del>-</del>	Sinvel Address			
1250 TECHNY ROA	D					
lty	State	ZIP	City	State	Zip	
NORTHBROOK	ILLINOIS	60062				
ecretary Name	· - · · · <del>· · ·</del> · · · · · · · · · · · · ·	····	Tryusurer Name			
HARVEY J. SILVE	RSTONE		BRUCE W. SCHNEIDEWIND			
met Address	•-		Street Address			
1250 TECHNY RO	AD		1250 TECHNY ROAD			
dy	State	Zip	City	State	Z(p	
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062	
. NAMES AND ADDRESS Proctor Name	ES OF THE DIRECTO	RS: ("X" BOX FOR A		N SPACES BEFORE USIN	G ATTACHMENT	
BARBARA A. TURF			Director Name MICHAEL OTTO			
rect Address		-	Street Address			
1250 TECHNY ROAL	)		1250 TECHNY RO	DAD		
nty	State	Zip	City	State	Zip	
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062	
irector Name	· · · · · · · · · · · · · · · · · · ·		Director Name			
GORDON 1. SEGAL			WOLFGANG LINDER			
ren Address	_		Street Address			
1250 TECHNY ROA		<u> </u>	1250 TECHNY ROAD			
	State	Zip	Clty	State	Z:p	
WODERNOOT	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062	
NORTHBROOK	O ("A BOX FOR AT)	IACHMENT) [	•	("X" BOX FOR ATTACH	MENT) [	
NORTHBROOK  O. SHARES AUTHORIZE			ISSUED SHARES		1 85 177	
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NORTHBROOK  0. SHARES AUTHORIZED UTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Clas/Scries	7.17 1.11.11	
•		Par Value	Number of Shares  1,000	COMMON	\$1.00	

108097	
File Date 11005	
Check No. 002389869	
Ву:	
FOR SECRETARY OF STATE USE ONLY	j

Under penalty of perjury, I declare and affirm that including any accompanying schedules and states contained herein are true and express.	
Signature of Officer	N 1/4/05
BRUCE W. SCHNEIDEWIND	
Print or Type Name of Officer	
TREASURER	
Title of Officer	<u> </u>

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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January I (FORM MUST BE TYPED OR I		ng Fee: \$50.00					
1 Corporate ID No.	2. Name of Corporation	วท					
108097	EUROMARKET	EUROMARKET DESIGNS, INC.					
3 Street Address Principal Busin	ress Office		City	State	Zip		
1250 TECHNY RO.	AD		NORTHBROOK	ILLINOIS	60062		
4. Business Phone No.		5. State of Incorporation	u .		6 SIC Code		
<u>(847) 272-2888</u>		ILLINOIS		-	4317		
7. Brief Description of the Chara RETAILER - HOUSE		n Rhode Island					
8. NAMES AND ADDRES President Name	SES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USING	ATTACHMENTS		
BARBARA A. TUR	F		NONE				
Street Address			Street Address				
1250 TECHNY RO		Ta.	· · · · · · · · · · · · · · · · · · ·	T c	I gra		
City	State	Zip	City	State	Zip		
NORTHBROOK	LILLINOIS	1.60062					
Secretary Name	ED COOLE		Treasurer Name				
HARVEY J. SILV	ERSTUNE		BRUCE W. SCHNE	TDEMIND	<u> </u>		
	AD		1250 TECHNY RO	IAD.			
1250 TECHNY RO	State	1210	City	State	Zip		
City	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062		
NORTHBROOK 9. NAMES AND ADDRES	•			ILLINUIS N SPACES BEFORE USII			
), NAMES AND ADDRES Director Name	SES OF THE DIRECTO	MS: ( X DOX POR A	Director Name	N SPACES DEFORE CON	W AT INCIDIALITY		
	<b></b>		:				
BARBARA A. TUR Street Address	<u>k</u>		Street Address				
	4 Th		• •	45			
1250 TECHNY RO		196	1250 TECHNY RO		Zip		
City	State	Zip	City	State			
NORTHBROOK	l illingis	J 60062	NORTHBROOK  Director Name	ILLINOIS	60062		
Director Name	_						
GORDON I. SEGA	<u>L</u>		STEPHAN HARMEN	ING			
Street Address			Sinvi Address				
<u> 1250 TECHNY RO</u>	State	Zip	: 1250 TECHNY RO	State	Zip		
		1	•				
NORTHBROOK 10. SHARES AUTHORIZI	ILLINOIS	60062	: NORTHBROOK	ILLINOIS ("X" BOX FOR ATTACH	60062		
•	ED ( A BOA FOR A)	INCHMENT)	•	( X BOX FOR ATTACH	MENT) [		
AUTHORIZED SHARES	Cl r	D 1/-1 .	ISSUED SHARES	Classificanias	Des Value		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value		
1,000 COMM \$1.00 PAR	VAI LIF						
1,000 00.1111 41.001 7.11			1.000	COMMON	\$1.00		
This report must	be signed in ink by eit	ther the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee		
·	-		-				
1 168	Isi cisir saini 68411 68418 1864 18	IN ING					
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) <b>!]]                                  </b>	'91			rjury, I declare and affirm th			
<u> </u>	<del>_1_0_8_0_9_7</del>	<u>'</u> *	contained herein are	npanying schedules and stat	enients, and that all statem		
). C	1 114		Contained neteril and	. 1 \ 1/ 1/	l lade		
File Date	<u> </u>	-	<u>I SIMEL C</u>	Wilmerlaury	1 29/04		
	とういっと		Signature of Officer		Date		
Check No.	JUDO TOOM	-	RRIICE U C	CHNEIDEWIND			
			Print or Type Name of				
Вуг		-		·/ -//			
FOR SECRETARY O	FOR SECRETARY OF STATE USE ONLY			TREASURER			

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:

Wolfgang Linder

Street Address:

1250 Techny Road

City, State, Zip:

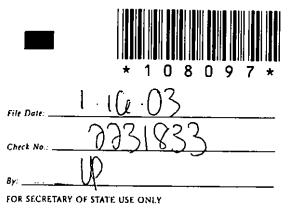
Northbrook, Illinois 60062

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		<del></del>	_ Pi
FORM MUST BE TITED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	on			`
108097	EUROMARKE	T DESIGNS, INC.			
3. Street Address Principal Business (	Office		City	State	Zip
1250 TECHNY ROAD			NORTHBROOK	ILLINOIS	60062
1. Business Phone No.		5. State of Incorporation			6. SIC Cade
(847) 272-2888		ILLINOIS			4317
7. Brief Description of the Character	of Rusiness Conducted in .	Rhode Island			4011
RETAIL SALES OF	HOUSEWARES				
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BI	EFORE USING ATTACI	HMENTY:
resident Name			Vice President Nume	one com o Milyel	10163(413
BARBARA A. TURF			NONE		
ireet Address			Street Address		
1250 TECHNY ROAD					
Tity	State	Zip	City	State	Zip
NORTHBROOK	ILLINOIS	60062			
ecretary Name			Treusurer Name	•	•
HARVEY SILVERSTO	NE		BRUCE W. SCHNEID	EWIND	
treet Address			Street Address		
1250 TECHNY ROAD			1250 TECHNY ROAD		
Tity	State	Zip	City	State	Zip
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062
P. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) X FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
BARBARA A. TURF			MICHAEL OTTO		
treet Address			Street Address		
1250 TECHNY ROAD			1250 TECHNY ROAD		
lity	State	Zip	City	State	ZIp
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	ILLINOIS	60062
liector Name			Director Name		0,002
GORDON I. SEGAL			MARTIN ZAEPFEL		
1250 TECHNY ROAD			1250 TECHNY ROAD		
ity	State	Zip	City	State	21.
NORTHBROOK	ILLINOIS	60062	NORTHBROOK		ZIp
O. SHARES AUTHORIZED			11. SHARES ISSUED (*X*	ILLINOIS	60062
UTI FORIZED SHARES		- · · · ·	TOUED SHARES	BUA FUR ATTACHMENT)	
umher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VA	LUE		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



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.

.3	Aller.	
HARVEY	STIVERSTONE	

Print or Type Name of Officer

SECRETARY Title of Officer

E. ... /20 13m3

my .

# 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

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

## DDOCIT CODDODATION

Filing Period: January	1-March 1 •	ANNUAL RE	PORT FOR THE	YEAR _ 200	<u> </u>
FORM MUST BE TYPED IN BLA		·			IXS
1. Corporate ID No.	2. Name of Corporal	lion			
108097		(ET DESIGNS, INC.			
3. Street Address Principal Business	Office		City	State	71-
1250 TECHNY ROAD 6. Business Phone No. (847) 272-2888		S. State of Incorporation ILLINOIS	NORTHBROOK	ILLINOIS	7.ip 60062 6. SIC Gode <b>4317</b>
7. Brief Description of the Character		Rhode Island			4011
RETAIL SALES OF H	OUSEWARES				
B. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS (*X* BOX FOR ATTACE	HMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
BARBARA A. TURF			GORDON I. SEGAL		
1250 TECHNY ROAD			1250 TECHNY ROAD		
City	State	ZIp	City	State	Zip
NORTHBROOK eccetary Name	ILLINOIS	60062	NORTHBROOK Deasurer Name	ILLINOIS	60062
HARVEY SILVERSTON	E		BRUCE W. SCHNEIDE	WIND	
1250 TECHNY ROAD			1250 TECHNY ROAD		
lty	State	Zip	City	State	
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	State ILLINOIS	гір 60062
. NAMES AND ADDRESS irector Name	ES OF THE DIREC		CHMENT) X FILL IN SPACES B	SEFORE USING ATTA	CHMENTS
BARBARA A. TURF			MICHAEL OTTO		
1250 TECHNY ROAD			1250 TECHNY ROAD		
ly	State	Zip	City	State	<b>.</b> .
NORTHBROOK rector Name	ILLINOIS	60062	NORTHBROOK Director Name	ILLINOIS	60062
GORDON I. SEGAL			MARTIN ZAEPFEL		
1250 TECHNY ROAD			1250 TECHNY ROAD		
ty	State	Zip	City	State	210
NORTHBROOK	ILLINOIS	60062	NORTHBROOK	ILLINOIS	<i>Σιρ</i> 60062

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

ESSUED SHARKS

1,000

Number of Shares



Class/Series

Par Value

File Date:	1-22-02
Check No.,	2151829
D	de

FOR SECRETARY OF STATE USE ONLY

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

1,000 COMM \$1.00 PAR VALUE

AUTHORIZED SHARES

Number of Shares

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 hejeln are true and correct.

Class/Series

COMMON

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

Par Value

\$1.00

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

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

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

.,	,		,			
	MUST BE TYPED IN BLAC	(K)				
1. Сограг	ate ID No 108097	2. Name of Corporation EUROMARKET	DESIGNS, INC.			
3 Street	Address Principal Business (	Office		City	State	Zip
	725 LANDWEHR	ROAD		NORTHBROOK	ILLINOIS	60062
4. Busine	ss Phone No		5 State of Incorporation			6. SIC Code
7 Brief D	(847) 272–28 Description of the Character	88 of Business Conducted in Rh	ILLINOIS ode Island			4317
8. NAN	MES AND ADDRESS	OF HOUSEWARES ES OF THE OFFICE		MENT) FILL IN SPACES BEFO	ORE USING ATTACHM	IENTS
Street Add	BARBARA A. T	URF		GORDON I. SEGAL Street Address		
City	725 LANDWEHR	ROAD State	Zıp	725 LANDWEHR ROAD	State	Zip
Secretary	NORTHBROOK Name	ILLINOIS	60062	NORTHBROOK Treasurer Name	ILLINOIS .	60062
Street Ada	HARVEY SILVE	RSTONE		BRUCE W. SCHNEIDEW	IIND	
City	725 LANDWEHR	ROAD State	Zip	725 LANDWEHR ROAD	State	Zip
9. NAN		ILLINOIS ES OF THE DIRECT	60062 ORS ("X" BOX FOR ATTA	NORTHBROOK CHMENT) X FILL IN SPACES BE Director Name	ILLINOIS EFORE USING ATTACE	60062 <b>IMENTS</b>
Street Add	BARBARA A. T	URF		MICHAEL OTTO Street Address		
City	725 LANDWEHR	ROAD State	Zip	725 LANDWEHR ROAD	State	Zip
Director N	NORTHBROOK	ILLINOIS	60062	NORTHBROOK Director Name	ILLINOIS	60062
Street Ada	GORDON I. SE	GAL		MARTIN ZAEPFEL Street Address		
City	725 LANDWEHR	ROAD State	Zip	725 LANDWEHR ROAD	State	Zip
	NORTHBROOK ARES AUTHORIZED FED SHARES	ILLINOIS  ("X" BOX FOR ATTACH	60062 MENT)	NORTHBROOK 11. SHARES ISSUED (*X* BO LISSUED SHARES	ILLINOIS OX FOR ATTACHMENT)	60062
Number o	f Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
1,0	00 COMM \$1.00	PAR VAL				

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

1,000



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.

COMMON

\$1.00

HARRING Signature of Officer

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



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

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



(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation

Crate & Barrol

EUROMARKET DESIGNS, INC. \*\*TO DO BUSINESS UNDERFICTITIOUS NAME OF: 1. Corporate ID No. 2. Name of Corporation 3. Street Address Principal Rusiness Office 725 Landwehr 4. Business Phone No. 7. Bilet Description of the Character of Business Conducted in Rhode Island
Retar Ch - NOVSLWENES & Nome furnishings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Zip City State ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name gane as above Street Address Street Address Clty Director Name Street Address Street Address Cltv City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHA AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value File Orcasolling - - 5,140,000 Issued 1,86,000 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 *
ile Date:	(0/13/00
heck No.: _	00000412
y:	91869
OR SECRET	ARY OF STATE USE ONLY

Under penalty of perjury, I de-	clare and affirm that I have exam	nined
	ompanying schedules and statem	
statements consemed	herein an true and correct.	
18Me (1) ch	nersour	
Signature of Officer	A Date	
Bruce Schneide	rund	
Print or Type Name of Officer		
CFO		
Title of Officer		