

1.) CORPORATION NAME:

ZALE DELAWARE, INC.

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
STE. 285**

SCC ID NO: **F0505844**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 W WALNUT HILL LN

CITY/ST/ZIP: IRVING, TX 75038

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GEORGE MURRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	JAMES GARLISH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP-FINANCE		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	LAUREL KRUEGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SECRETARY		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	DENISE SHAFFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ TREASURER		
ADDRESS:	901 W. WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	MARK S. LIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	JENNY CHAE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR OF TAX		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	JIM SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CH ACCNTING OFF		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	NEALE ATTENBOROUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	YUVAL BRAVERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	TERRY BURMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	DAVID F. DYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	KENNETH B. GILMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	JOHN B LOWE, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	JOSHUA OLSHANSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		
NAME:	BETH M. PRITCHARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 W WALNUT HILL LANE		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LAUREL KRUEGER</u>	<u>LAUREL KRUEGER,</u>	<u>3/23/2016</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.