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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 1:03

DOCUMENT # 813511 (3)

1. Corporation Name
CLAIROL INCORPORATED

Principal Place of Business	Mailing Address
TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225, FDR STATION NEW YORK NY 10150	TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225, FDR STATION NEW YORK NY 10150

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/09/1959
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 13-5678755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	FISHOFF, MICHAEL	12 NAME		
STREET ADDRESS	345 PARK AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GELB, RICHARD L.	22 NAME		
STREET ADDRESS	345 PARK AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	KASA, PAMELA D	32 NAME	BRENNAN, ALICE C.	
STREET ADDRESS	345 PARK AVE.	33 STREET ADDRESS	345 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY.	34 CITY-ST-ZIP	NEW YORK, NY	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	SADOVE, STEPHEN I.	42 NAME		
STREET ADDRESS	345 PARK AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	D	☐ Change ☒ Addition
NAME	SULLIVAN, J. TIMOTHY	52 NAME		
STREET ADDRESS	345 PARK AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	BAINS, HARRISON M., JR.	62 NAME		
STREET ADDRESS	345 PARK AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. C. Brennan Alice C. Brennan 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date (Daytime Phone #)

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