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Jan 30 1997 8:00am
Secretary of State

~~PROFIT~~
~~CORPORATION~~
ANNUAL REPORT
1997

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

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 - 3rd FLOOR 345 PARK AVENUE NEW YORK, NEW YORK 10154	~~TAX DEPARTMENT - 10TH FLOOR~~ ~~P.O. BOX 225. FDR STATION~~ ~~NEW YORK NY 10150-0225~~

3. Date Incorporated or Qualified: **04/09/1959**
3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (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 required if this is a change 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEIMBOLD, JR C A		1.2 NAME	
STREET ADDRESS	345 PARK AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, ALICE C.		2.2 NAME	
STREET ADDRESS	345 PARK AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SADOVE, STEPHEN I.		3.2 NAME	
STREET ADDRESS	345 PARK AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, J. TIMOTHY		4.2 NAME	
STREET ADDRESS	345 PARK AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BAINS, HARRISON M., JR.		5.2 NAME	
STREET ADDRESS	345 PARK AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Alice C. Brennan Alice C. Brennan Secretary 1/10/97 212-546-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005703