2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90078 004 ***550.00

DOCUMENT # 813511

1. Entity Name
CLAIROL INCORPORATED

Principal Place of Business	Mailing Address
1 BLACHEY RD. STAMFORD CT 06902 US	TAX DEPARTMENT 3RD FLOOR 345 PARK AVENUE NEW YORK NY 10154 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE PROCTER & GAMBLE PLAZA	P.O. BOX 599 SY-10 GO
Suite, Apt. #, etc. ATTN: TAX DIVISION	Suite, Apt. #, etc. ATTN: TAX DIVISION
City & State CINCINNATI, OH	City & State CINCINNATI, OH
Zip 45202 / Country USA	Zip 45201 / Country USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION 1200 S. PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIMBOLD, JR C A 345 PARK AVENUE NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNES, B.L. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEUNG, SANDRA 345 PARK AVE. NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OVERBEY, T. L. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SADOVE, STEPHEN I 1 BLACHEY RD. STAMFORD CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTEUCCI, R. S. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SULLIVAN, TIMOTHY 1 BLACHEY RD. STAMFORD CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HERNANDEZ, J. P. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAINS, HARRISON M., JR. 345 PARK AVENUE NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SNELLGROVE, D. K. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEE, MICHAEL 345 PARK AVENUE NEW YORK NY 10154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DALEY, C.C., JR ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	☒ Change ☐ Addition

CR2E034 (4/02)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. K. Snellgrove SIGNATURE REQUIRED D. K. Snellgrove, Assistant Sec'y. 9/6/02 513 983-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #