

4-17-95 3727  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 APR 18 PM 5:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **822088** (1)  
 1. Corporation Name  
**ROUX LABORATORIES, INC.**

Principal Place of Business Mailing Address  
**5344 OVERMYER DRIVE JACKSONVILLE FL 32205**  
**P.O. BOX 37557 JACKSONVILLE FL 32236**

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/19/1968** **03/25/1994**  
 4. FEI Number Applied For  
**13-1537427** 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  
 7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 (type or print name of registered agent and the corporation) (F.F.I.E. Registered Agent signature required after reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRONNER, BETH
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	V
NAME	NICHOLS, WADE H III
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	VS
NAME	KRETZMAN, ROBERT K
STREET ADDRESS	625 MADISON AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	AT
NAME	ELLIOTT, LAWRENCE
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	VD
NAME	FOX, WILLIAM J
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	V
NAME	DESSEN, STANLEY
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN HAMMER	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	2147 ROUTE 27	
44 CITY - ST - ZIP	EDISON NJ 08818	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an amendment with an asterisk.

SIGNATURE: *Lawrence Elliott* L. Elliott 4/12/95 908-287-1400  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone

822088

ROUX LABORATORIES, INC.

LISTING OF DIRECTORS AND OFFICERS

DIRECTORS

WILLIAM J. FOX	625 MADISON AVENUE, NEW YORK, NEW YORK	10022
ROBERT K. KRETZMAN	625 MADISON AVENUE, NEW YORK, NEW YORK	10022
WADE H. NICHOLS III	625 MADISON AVENUE, NEW YORK, NEW YORK	10022

OFFICERS

ADDRESS\*

JOHN HAMMER	PRESIDENT	1
STANLEY B. DESSEN	VICE PRESIDENT	1
WILLIAM J. FOX	VICE PRESIDENT	1
WADE H. NICHOLS III	VICE PRESIDENT	1
EDWARD F. SKEFFINGTON, JR.	VICE PRESIDENT	1
CARL J. DEDDENS	VICE PRESIDENT & TREASURER	1
ROBERT K. KRETZMAN	VICE PRESIDENT & SECRETARY	1
WILLIAM G. RAMP	VICE PRESIDENT & CONTROLLER	1
LAWRENCE E. KREIDER	VICE PRESIDENT & ASSISTANT CONTROLLER	1
ARCH M. AHERN	ASSISTANT SECRETARY	1
ANNAMARIE DELLFAVE	ASSISTANT SECRETARY	1
LAWRENCE ELLIOTT	ASSISTANT TREASURER	2

\*ADDRESS CODE

- (1) 625 MADISON AVENUE, NEW YORK, NEW YORK 10022
- (2) 2147 ROUTE 27, EDISON, NEW JERSEY 08818

TERMS EXPIRE: TO BE DETERMINED