

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90059 047 \*\*\*150.00

**DOCUMENT # 822088**

1. Entity Name  
**ROUX LABORATORIES, INC.**

Principal Place of Business <b>5344 OVERMYER DRIVE          JACKSONVILLE FL 32205          US</b>	Mailing Address <b>P.O. BOX 37557          JACKSONVILLE FL 32236-7557          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-1537427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FELLOWS, GEORGE</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLAS, WADE J III.</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KRETZMAN, ROBERT K</b>	
STREET ADDRESS	<b>625 MADISON AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, LAWRENCE</b>	
STREET ADDRESS	<b>2147 ROUTE 27</b>	
CITY-ST-ZIP	<b>EDISON NJ</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>GEHRMANN, FRANK J</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DESSEN, STANLEY</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUGENT, JEFFREY M.</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lawrence Elliott **Lawrence Elliott** 3/12/00 **(732) 287-1400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)