

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 048 ***150.00

DOCUMENT # F01000002360					
1. Entity Name M.A.C. COSMETICS INC.					
Principal Place of Business 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166			Mailing Address 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3581776	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DEMSEY, JOHN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME	STREET ADDRESS	
TITLE VCFO	NAME KUNES, RICHARD W	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME	STREET ADDRESS	
TITLE SVP	NAME CAVANAUGH, ANDREW J	<input checked="" type="checkbox"/> Delete	TITLE VP/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME TERENCE STACK	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
TITLE VSD	NAME MOSS, SARA	<input type="checkbox"/> Delete	NAME SCHWECHERL, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME LISA CAPPELL	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
TITLE AS	NAME SCHECHERL, JAMES	<input type="checkbox"/> Delete	NAME LISA CAPPELL	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME LISA CAPPELL	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
TITLE V	NAME GIBIAN, GERALD Z	<input checked="" type="checkbox"/> Delete	NAME LISA CAPPELL	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
STREET ADDRESS 7 CORPORATE CENTER DRIVE	CITY-ST-ZIP MELVILLE, NY 11747		NAME LISA CAPPELL	STREET ADDRESS 7 CORPORATE CENTER DRIVE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			James P. Schwecherl Assistant Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/6/06 Daytime Phone #: 631-847.6326		