

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001261

FILED
Feb 12, 2008
Secretary of State

Entity Name: LIZ CLAIBORNE COSMETICS, INC.

Current Principal Place of Business:

1441 BROADWAY
NEW YORK, NY 10018

New Principal Place of Business:

Current Mailing Address:

% LEGAL DEPT - LIZ CLAIBORNE, INC.
ONE CLAIBORNE AVE
NORTH BERGEN, NJ 07047

New Mailing Address:

FEI Number: 13-3351609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MCCOMB, WILLIAM L
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: PDO () Delete
Name: SULLIVAN, TRUDY
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: P () Delete
Name: SPIRO, ART
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: SVPD () Delete
Name: KARP, ROBERTA S
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: CFOD () Delete
Name: SCARPA, MICHAEL
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: VPS () Delete
Name: RUBINO, NICHOLAS J
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BOLLBACH, KEVIN M
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN M. BOLLBACH

VP

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date