

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001261

FILED
Apr 14, 2010
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
Name: MCCOMB, WILLIAM L
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: VP
Name: WEISZ, MARK D
Address: % LEGAL DEPT - ONE LIZ CLAIBORE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: CFO
Name: WARREN, ANDREW
Address: % LEGAL DEPT - ONE CLAIBORNE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

Title: VP
Name: GOODELL, ELAINE
Address: % LEGAL DEPT _ ONE CLAIBORNE AVE
City-St-Zip: NORTH BERGEN, NJ 07047

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

I hereby 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 all other like empowered.

SIGNATURE: MARK D WEISZ

VP

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date