

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90225 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **F98000005493**
 Corporation Name
CONAIR GROUP, INC.



Place of Business Mailing Address
1013 CENTRE ROAD
WILMINGTON DE 19805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1998	
4. FEI Number 25-1514119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1a. Mailing Address 26 One Conair Drive	27. Suite, Apt. #, etc.
28. City & State Pittsburgh, PA	29. Zip 15202
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD <input type="checkbox"/> DELETE HUMPHREY JR, G W 20 STANWIX STREET, STE 620 PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
PD <input type="checkbox"/> DELETE KENYON, E N ONE CONAIR DRIVE PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
SD <input type="checkbox"/> DELETE RIORDAN, ROBERT W ONE CONAIR DRIVE PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
VT <input type="checkbox"/> DELETE O'SULLIVAN, EUGENE J ONE CONAIR DRIVE PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
AST <input type="checkbox"/> DELETE SARI, CHARLES ONE CONAIR DRIVE PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
D <input type="checkbox"/> DELETE CASTENFALT, PETER ONE CONAIR DRIVE PITTSBURGH PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	

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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene J Sullivan*

5/14/99

CR2E034 (11/98)