

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F990000004760**  
 1. Entity Name  
**LOCCITANE INC** ✓

**830751**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10 EAST 39TH STREET</b>		3. Mailing Address <b>10 EAST 39TH STREET</b>	
Suite, Apt. #, etc. <b>8TH FLOOR</b>		Suite, Apt. #, etc. <b>8TH FLOOR</b>	
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>	
Zip <b>10016</b>	Country <b>USA</b>	Zip <b>10016</b>	Country <b>USA</b>
4. FEI Number <b>13-3844764</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>CORPORATION SERVICE COMPANY</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
	City <b>TALLAHASSEE</b>	FL Zip Code <b>32301-2525</b>

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 date 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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT REINOLD GEIGER 21-SAINI MANAIE BP 307. MANOSQUE 04103 -FRANCE</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VP DELPHINE HIBON 10 E 39TH STREET NEW YORK, NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEN VP GUINARD STEPHANIE 10 E 39TH STREET NEW YORK, NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER WILFALD POISNER 102 39TH STREET NEW YORK, NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Poisner **04-01-02** **(212) 696 9098 (x17)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)