

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004760

FILED  
May 30, 2006  
Secretary of State

Entity Name: L'OCCITANE, INC.

**Current Principal Place of Business:**

10 EAST 39TH STREET  
8TH FLOOR  
NEW YORK, NY 10016

**New Principal Place of Business:**

**Current Mailing Address:**

10 EAST 39TH STREET  
8TH FLOOR  
NEW YORK, NY 10016

**New Mailing Address:**

FEI Number: 13-3844764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GEIGER, REINOLD  
Address: 2-1 ST. MAURICE, BP 307  
City-St-Zip: MANOSQUE, 04103 FRANCE, FR 04103 FR

Title: V ( ) Delete  
Name: GUINARD, STEPHANIE  
Address: 10 E 39TH ST, 8TH FL  
City-St-Zip: NY, NY 10016 US

Title: T ( ) Delete  
Name: CAMBOURS, FRANCOIS  
Address: 10 EAST 39TH STREET, 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10016 US

Title: SD (X) Delete  
Name: BRADEN, NICK  
Address: 10 E 39TH ST, 8TH FL  
City-St-Zip: NY, NY 10016 US

Title: D ( ) Delete  
Name: HENRI, BIARD  
Address: 2-1 ST. MAURICE, BP 307  
City-St-Zip: MANOSQUE, 04103 FRANCE, FR 04103 FR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GEIGER, REINOLD  
Address: 10 EAST 39TH STREET  
City-St-Zip: NEW YORK, NY 10016 US

Title: SD (X) Change ( ) Addition  
Name: AMIGORENA, CHRISTOPHE  
Address: 10 EAST 39TH STREET 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10016 US

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

Title: ( ) Change ( ) Addition  
Name:  
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 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: FRANCOIS CAMBOURS

TREA

05/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date