

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004760

FILED
Apr 28, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

10 EAST 39TH STREET, 8TH FLOOR
ATTN: TAX DEPARTMENT
NEW YORK, NY 10016

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROSS NOAVK

ACT

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date