

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90174 047 ***150.00

DOCUMENT # P31217
 1. Entity Name
ALBERTO-CULVER USA, INC.

Principal Place of Business Mailing Address
2525 ARMITAGE AVENUE **2525 ARMITAGE AVENUE**
MELROSE PARK IL 60160 **MELROSE PARK IL 60160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **36-3664158** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	LAVIN, LEONARD H.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNICK, HOWARD B.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK IL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LAVIN, BERNICE E.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERICK, CAROL	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK IL 60160	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JANICE J	
STREET ADDRESS	2525 ARMITAGE AVE	
CITY-ST-ZIP	MELROSE PARK IL 60160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAULSEN, RICHARD N	
STREET ADDRESS	2525 ARMITAGE AVE	
CITY-ST-ZIP	MELROSE PARK IL 60160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW C. LANGERT	
STREET ADDRESS	2525 ARMITAGE AVE	
CITY-ST-ZIP	MELROSE PARK, IL 60160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **4/16/01** Daytime Phone #: **(708) 450-3159**

CR2E034 (10/00)