


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P31217 1. Entity Name ALBERTO-CULVER USA, INC.	
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Principal Place of Business 2525 ARMITAGE AVENUE MELROSE PARK, IL 60160	Mailing Address 2525 ARMITAGE AVENUE MELROSE PARK, IL 60160
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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3664158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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. I am familiar with, and accept the obligations of registered agent.

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARINO, VINCENT J
STREET ADDRESS	2525 ARMITAGE PARK IL
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	D
NAME	NICOLETTI, RALPH
STREET ADDRESS	2525 ARMITAGE AVE.
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	VP
NAME	GRUBB, TAYLOR
STREET ADDRESS	2525 ARMITAGE AVE
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	VP
NAME	ANDERS, REED
STREET ADDRESS	2525 ARMITAGE AVE
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	SVP
NAME	BERSCHIED, JOHN JR
STREET ADDRESS	2525 ARMITAGE AVE
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	S
NAME	SCHMIDT, GARY P
STREET ADDRESS	2525 ARMITAGE AVE
CITY-ST-ZIP	MELROSE PARK, IL 60160

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05/30/08-80018-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 4-28-08 DAYTIME PHONE #: 708-450-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR