


# 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 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

**DO NOT WRITE IN THIS SPACE**

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:  4-28-08 708-450-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #