

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000094137

Entity Name: LGCS INC.**Current Principal Place of Business:**19 EAST 57TH STREET
NEW YORK, NY 10022**Current Mailing Address:**19 EAST 57TH STREET
NEW YORK, NY 10022 US**FEI Number:** 90-0908042**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name DESVIGNES, ELIZABETH
Address 19 EAST 57TH STREET
 C/O LVMH INC.
City-State-Zip: NEW YORK NY 10022

Title VP
Name ROLLIER, ALEXIS
Address 19 EAST 57TH STREET
 C/O LVMH INC.
City-State-Zip: NEW YORK NY 10022

Title VP
Name JOHNSON, MAUREEN
Address 19 EAST 57TH STREET
 C/O LVMH INC.
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name BAYSINGER, ERIC
Address 525 MARKET STREET
 C/O SEPHORA USA, INC. 32ND
 FLOOR
City-State-Zip: SAN FRANCISCO CA 94105-2708

Title ASST. SECRETARY
Name FIRESTONE, LOUISE
Address 19 EAST 57TH STREET
 C/O LVMH INC.
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name ROLLIER, ALEXIS
Address 19 EAST 57TH STREET
 C/O LVMH INC.
City-State-Zip: NEW YORK NY 10022

Title TREASURER
Name SIMON, ROGER
Address 19 EAST 57TH STREET
City-State-Zip: NEW YORK NY 10022

I hereby 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 all other like empowered.

SIGNATURE: LOUISE FIRESTONE

ASST. SECRETARY

01/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date