

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822088

Entity Name: ROUX LABORATORIES, INC.

Current Principal Place of Business:

5344 OVERMYER DRIVE
JACKSONVILLE, FL 32254

Current Mailing Address:

2147 RT 27
EDISON, NJ 08818 US

FEI Number: 13-1537427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 VP, SECRETARY
Name FU, GRACE
Address C/O REVLON INC
ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title PRESIDENT
Name PERELMAN, DEBBIE
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title VP, DIRECTOR
Name DOLAN, VICTORIA
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title VP & TREASURER
Name KENNEL, JEFFREY
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title VP & CHIEF COMPLIANCE OFFICER
Name FITZSIMMONS, MEAGAN
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title ASST. SECRETARY
Name CUESTS, YAGO
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title VP, ASST. SECRETARY
Name GERBER, ALEXANDRA
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name NESS, ELY-BAR
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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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: GRACE FU

VP, SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANKAR, RAVI
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004