

**2018 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.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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  
Name ALMANI, YOSSE  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title VP  
Name HORMOZI, MITRA  
Address 5344 OVERMYER DRIVE  
City-State-Zip: JACKSONVILLE FL 32254

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

Title SECRETARY  
Name SHEEHAN, MICHAEL  
Address C/O REVLON INC  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title ASST. TREASURER  
Name SOCK, MARK  
Address C/O REVLON INC  
2147 ROUTE 27  
City-State-Zip: EDISON NJ 08818

Title VP  
Name PETERSON, CHRIS  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title VP  
Name GREGORY, JOHN  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

*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:** MARK SOCK

**ASST. TREASURER**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date