

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002360

Entity Name: M.A.C. COSMETICS INC.**Current Principal Place of Business:**7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 11747-3166**Current Mailing Address:**7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 11747-3166**FEI Number:** 11-3581776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name DEMSEY, JOHN
Address 7 CORPORATE CENTER DRIVE
City-State-Zip: MELVILLE NY 11747

Title CFO, DIRECTOR
Name TRAVIS, TRACEY
Address 7 CORPORATE CENTER DRIVE
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name MOSS, SARA
Address 7 CORPORATE CENTER DRIVE
City-State-Zip: MELVILLE NY 11747

Title ASST. SECRETARY, VP
Name SCHWECHERL, JAMES
Address 7 CORPORATE CENTER DRIVE
City-State-Zip: MELVILLE NY 11747

Title SECRETARY, SR. VP
Name SMUL, SPENCER
Address 7 CORPORATE CENTER DRIVE
City-State-Zip: MELVILLE NY 11747

Title TREASURER
Name MISTRY, ADIL
Address 7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
City-State-Zip: MELVILLE NY 11747-3166

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: SPENCER SMUL**SECRETARY****04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date