

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000350

Entity Name: CREATIVE NAIL DESIGN, INC.

Current Principal Place of Business:

ONE NEW YORK PLAZA
NEW YORK, NY 10004

FILED
Apr 12, 2022
Secretary of State
8793857352CC

Current Mailing Address:

2147 ROUTE 27
C/O TAX DEPT.
EDISON, NJ 08817 US

FEI Number: 95-3448148

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

Title PRESIDENT
Name PERELMAN, DEBRA
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

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

Title SECRETARY
Name ROBINSON, CARI
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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

Title VP, ASST. SECRETARY
Name ROSENTHAL, STEVEN
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

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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: VICTORIA DOLAN

VICE PRESIDENT

04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, CHIEF COMPLIANCE OFFICER
Name HINDS-PEARL, ALISON
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title ASST. SECRETARY
Name CUESTA, YAGO
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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

Title ASST. SECRETARY
Name ROVIRA, JOSEP MARIA
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004