#### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004906

**Entity Name: REVLON CONSUMER PRODUCTS CORPORATION** 

FILED Apr 26, 2018 Secretary of State CC6337521407

## **Current Principal Place of Business:**

1 NEW YORK PLAZA NEW YORK, NY 10004

### **Current Mailing Address:**

2147 RT. 27

EDISON, NJ 08818 US

FEI Number: 13-3662953 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	CHRM	Title	VC

NamePERELMAN, RONALD ONameMEISTER, PAULAddress1 NEW YORK PLAZAAddress1 NEW YORK PLAZACity-State-Zip:NEW YORK NY 10004City-State-Zip:NEW YORK NY 10004

Title SVPS Title VP

NameSHEEHAN, MICHAEL TNameHORMOZI, MITRAAddress1 NEW YORK PLAZAAddress1 NEW YORK PLAZACity-State-Zip:NEW YORK NY 10004City-State-Zip:NEW YORK NY 10004

Title COO Title ASSISTANT TREASURER

NamePERELMAN, DEBRANameSOCK, MARKAddress1 NEW YORK PLAZAAddress2147 ROUTE 27City-State-Zip:NEW YORK NY 10004City-State-Zip:EDISON NJ 08817

Title CFO Title VP

NamePETERSON, CHRISNameGREGORY, JOHNAddress1 NEW YORK PLAZAAddress1 NEW YORK PLAZACity-State-Zip:NEW YORK NY 10004City-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: MARK SOCK ASST. TREASURER 04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SCHWARTZ, BARRY F

Address 1 NEW YORK PLAZA

City-State-Zip: NEW YORK NY 10004

Title DIRECTOR

Name BERNIKOW, ALAN S
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR

Name KRETZMAN, BOB

Address 1 NEW YORK PLAZA

City-State-Zip: NEW YORK NY 10004