

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004906

FILED
Apr 20, 2020
Secretary of State
2424344136CC

Entity Name: REVLON CONSUMER PRODUCTS CORPORATION

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.
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 CHRM
Name PERELMAN, RONALD O
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title SVPS
Name SHEEHAN, MICHAEL T
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title CEO, PRESIDENT
Name PERELMAN, DEBRA
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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 SR VP, TREASURER
Name WARREN, ERIC
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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

Title COO
Name PEDREIRO, SERGIO
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Continues on page 2

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: MICHAEL T. SHEEHAN

VP & SECRETARY

04/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT & CONTROLLER
Name BUCHER, PAMELA
Address ONE NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004