#### 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005333

**Entity Name: DESIGNER FRAGRANCES & COSMETICS COMPANY** 

FILED
Mar 28, 2014
Secretary of State
CC2100737916

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

575 FIFTH AVE

NEW YORK, NY 10017

### **Current Mailing Address:**

50 CONNELL DRIVE

BERKELEY HEIGHTS. NJ 07922

FEI Number: 22-3419910 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.

Title

EVP

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CEOP

NameROZE, FREDERICNameDOLDEN, ROGERAddress575 FIFTH AVENUEAddress575 FIFTH AVENUECity-State-Zip:NEW YORK NY 10017City-State-Zip:NEW YORK NY 10017

Title CFO Title SVP

NamePAGLIANO, ALEXANDRENameRABINOWITZ, ROYAddress575 FIFTH AVENUEAddress50 CONNELL DRIVE

City-State-Zip: NEW YORK NY 10017 City-State-Zip: BERKELEY HEIGHTS NJ 07922

Title T Title VPAS

NameELVEDT, ANTHONYNameCORBETT, CHRISTOPHER JAddress50 CONNELL DRIVEAddress111 TERMINAL AVENUE

City-State-Zip: BERKELEY HEIGHTS NJ 07922 City-State-Zip: CLARK NJ 07066

Title SVP, GENERAL COUNSEL & Title VP & ASSISANT SECRETARY

SECRETARY Name GIGLIOTTI, LISA M

Name SARAKATSANNIS, THOMAS Address 575 FIFTH AVE

Address 575 FIFTH AVE City-State-Zip: NEW YORK NY 10017

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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: ROY RABINOWITZ

SVP FINANCE & ASST SECRETARY

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASSISTANT VP & ASSISTANT SECRETARY

Name KINALLY, ROBERT G

Address 575 FIFTH AVE

City-State-Zip: NEW YORK NY 10017