2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

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Entity Name: GIORGIO BEVERLY HILLS, INC.

Current Principal Place of Business:

ATTN: TAX DIVISION
ONE PROCTER & GAMBLE PLAZA
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DIVISION
ONE PROCTER & GAMBLE PLAZA
CINCINNATI, OH 45202

New Mailing Address:

ATTN: TAX DIVISION
PO BOX 599
CINCINNATI, OH 45201

FEI Number: 13-3407469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SHIRLEY, EDWARD D
Address: ONE PROCTOR & GAMBLE PLAZA
City-St-Zip: CINCINNATI, OH 45202

Title: VP
Name: MOELLER, JON R
Address: ONE PROCTOR & GAMBLE PLAZA
City-St-Zip: CINCINNATI, OH 45202

Title: VT
Name: LIST, TERI L
Address: ONE PROCTOR & GAMBLE PLAZA
City-St-Zip: CINCINNATI, OH 45202

Title: AS
Name: KEMEN, TE
Address: ONE PROCTOR & GAMBLE PLAZA
City-St-Zip: CINCINNATI, OH 45202

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: TOM E KEMEN AS 04/07/2010

Electronic Signature of Signing Officer or Director Date