## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004559

Address:

City-St-Zip:

ONE CONAIR DRIVE

PITTSBURGH, PA 15202

Entity Name: THE CONAIR GROUP, INC.

FILED Aug 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE CONAIR DRIVE PITTSBURGH, PA 15202 **Current Mailing Address: New Mailing Address:** ONE CONAIR DRIVE PITTSBURGH, PA 15202 FEI Number: 25-1857152 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO ( ) Delete Title: () Change () Addition HUMPHREY, G. WATTS JR. Name: Name: ONE CONAIR DRIVE Address: Address: City-St-Zip: PITTSBURGH, PA 15202 City-St-Zip: ( ) Delete Title: PC00 Title: () Change () Addition Name: KELLER, CHRISTOPHER S Name: ONE CONAIR DRIVE Address: Address: PITTSBURGH, PA 15202 City-St-Zip: City-St-Zip: Title: Title: **VCFO** () Delete () Change () Addition SLOAT, SCOTT J Name: Name: ONE CONAIR DRIVE Address: Address: City-St-Zip: PITTSBURGH, PA 15202 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KELLER, CHRISTOPHER S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SCOTT J SLOAT CFO 08/14/2007