2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
02-24-2005 90026 038 ***150.00

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1. Entity Name
M.A.C. COSMETICS INC.

66007315

Principal Place of Business	Mailing Address
7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166	7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3581776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEMSEY, JOHN
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VCFO
NAME	KUNES, RICHARD W
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	SVP
NAME	CAVANAUGH, ANDREW J
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VSD
NAME	MOSS, SARA
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	AS
NAME	SCHECHERL, JAMES
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	V
NAME	GIBIAN, GERALD Z
STREET ADDRESS	7 CORPORATE CENTER DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Cappell Lisa Cappell Assistant Secretary 2/18/2005 631-847-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James P. Schwecherl
Assistant Secretary 631-847-6326