

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002360

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

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 117473166

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 117473166

New Mailing Address:

FEI Number: 11-3581776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: P
Name: DEMSEY, JOHN
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: VCFO
Name: KUNES, RICHARD W
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: DIR
Name: KUNES, RICHARD
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: DIR
Name: MOSS, SARA
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS
Name: SCHWECHERL, JAMES
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS
Name: CAPPELL, LISA
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

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: LISA CAPPELL

AS

01/04/2011

Electronic Signature of Signing Officer or Director

Date