2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# F01000006537

Entity Name: AVON PRODUCTS FOUNDATION, INC.

Current Principal Place of Business:

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

New Principal Place of Business:

Current Mailing Address:

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

New Mailing Address:

FEI Number: 13-6128447 **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:	VPD	( ) Delete
Name:	BROWN, PAULINE	
Address:	520 MADISON AVE.	
City-St-Zip:	NEW YORK, NY 10022	
Title:	TD	( ) Delete
Name:	VALONE, RICHARD	
Address:	1345 AVE. OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	
Title:	VPD	( ) Delete
Name:	GLASER, NANCY	
Address:	1345 AVENUE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	
Title:	ASD	( ) Delete
Name:	QUINN, MARY	
Address:	1345 AVENUE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	
Title:	PD	( ) Delete
Name:	CORTI, ROBERT J	
Address:	1345 AVE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	
Title:	VPD	( ) Delete
Name:	SLATER, ANDREA	
Address:	1345 AVENUE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	KURZIG, CAROL M	
Address:	1345 AVENUE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10105	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. KURZIG VPD 03/13/2009

Electronic Signature of Signing Officer or Director — Date