

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006537

FILED
Apr 06, 2010
Secretary of State

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: PD
Name: KURZIG, CAROL M
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: TD
Name: VALONE, RICHARD
Address: 1345 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: VPD
Name: GLASER, NANCY
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: SD
Name: QUINN, MARY
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: D
Name: CORTI, ROBERT J
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: VPD
Name: CONNOLLY, BRIAN
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

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

SIGNATURE: CAROL KURZIG

PD

04/06/2010

Electronic Signature of Signing Officer or Director

Date