

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90059 031 ***150.00

DOCUMENT # F02000000831

1. Entity Name
STILA COSMETICS, INC.



Principal Place of Business
**7 CORPORATE CENTER CRIVE
MELVILLE NY 11747-3166**

Mailing Address
**7 CORPORATE CENTER CRIVE
MELVILLE NY 11747-3166**

00000013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0352152**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD**
STREET ADDRESS **BRESTLE, DANIEL J**
CITY-ST-ZIP **767 FIFTH AVENUE
NEW YORK NY 10153** ☒ Delete

TITLE
NAME **Group President** ☒ Change ☐ Addition
STREET ADDRESS **Daniel J. Brestle**
CITY-ST-ZIP **767 Fifth Avenue
New York, NY 10153**

TITLE
NAME **PCEO**
STREET ADDRESS **LOBELL, JEANINE**
CITY-ST-ZIP **2801 HYPERION AVE., #102
LOS ANGELES CA 90027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **V**
STREET ADDRESS **CAVANAUGH, ANDREW J**
CITY-ST-ZIP **767 FIFTH AVENUE
NEW YORK NY 10153** ☐ Delete

TITLE
NAME **Senior Vice President** ☒ Change ☐ Addition
STREET ADDRESS **Andrew J. Cavanaugh**
CITY-ST-ZIP **767 Fifth Avenue
New York, NY 10153**

TITLE
NAME **VSD**
STREET ADDRESS **KONNEY, PAUL E**
CITY-ST-ZIP **767 FIFTH AVENUE
NEW YORK NY 10153** ☐ Delete

TITLE
NAME **Senior Vice President/Director** ☒ Change ☐ Addition
STREET ADDRESS **Paul E. Konney**
CITY-ST-ZIP **767 Fifth Avenue
New York, NY 10153**

TITLE
NAME **VD**
STREET ADDRESS **KUNES, RICHARD W**
CITY-ST-ZIP **767 FIFTH AVENUE
NEW YORK NY 10153** ☐ Delete

TITLE
NAME **Sr. Vice President/Director** ☒ Change ☐ Addition
STREET ADDRESS **Richard W. Kunes CFO**
CITY-ST-ZIP **767 Fifth Avenue
New York, NY 10153**

TITLE
NAME **V**
STREET ADDRESS **DORIO, MARIANNE**
CITY-ST-ZIP **767 FIFTH AVENUE
NEW YORK NY 10153** ☐ Delete

TITLE
NAME **Sr. V.P.** ☒ Change ☐ Addition
STREET ADDRESS **Marianne Dorio**
CITY-ST-ZIP **767 Fifth Avenue**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Schwecherl
Assistant Secretary

1/17/03 631-847-6326
Date Daytime Phone #

CR2E034 (10/02)