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| | Lee Spe | ncer | | | A | | | |
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| | Columb | ia Beau | ty Supply, | Inc. | | | | |
| - | | | . <u>, , , , , , , , , , , , , , , , , , , </u> | | (Firm/ | Company) | <u></u> | <u> </u> |
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| - | P.O. Box | x 32786 | | | | | <u> </u> | |
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Columbia Be | auty Supply, Inc | | |
|--|---|--|--|
| | poration; must include the word "INCORPOF | | |
| | reviations of like import in language as will cl n or partnership if not so contained in the nam | | Instead of a |
| maturar purso. | or paratitionary in not so contained in the inter- | o as prosently | 三 第 四 |
| 2. South Caroli | | 3. 57-0144840 | |
| (State or coun | try under the law of which it is incorporated) | (FEI number, if | applicable). |
| 4. April 7, 192 | , | 5. Perpetual | |
| | Date of incorporation) | (Duration: Year corp. will cease | |
| 6. February 1, 2 | 2003 | | - 5 m 33 |
| | sacted business in Florida. If corporation has | s not transacted business in Florida, in | usert "upon qualification.") |
| (| | 1501, 607.1502 and 817.155, F.S.) | , , , , , , , , , , , , , , , , , , , |
| 7 8001 Tower | Point Drive, Charlotte, North Carolina 28227 | | |
| 1. BOOT TOWEL | (Principal office | address) | |
| B O 13 202 | | | |
| P.O. Box 327 | 86, Charlotte, North Carolina 28232 (Current mailing | address) | |
| | (Curtem mannig | aumessy | |
| | . 15 | | |
| | stributor of beauty supplies and salon equipm se(s) of corporation authorized in home state of | | Harida) |
| (1 tripo | se(s) or corporation authorized in nonice state (| or coming to be carried out in state of | rional |
| 9. Name and | street address of Florida registered age | ent: (P.O. Box or Mail Drop Box | NOT acceptable) |
| Name: | C T Corporation System | | |
| name. | C r Corporation System | <u></u> | |
| Office Address | 1200 South Pine Island Road, | | in the second se |
| | | | |
| | Plantation, | Dlomido 33374 | |
| | | , Florida 33324 | · · · · · · · · · · · · · · · · · · · |
| | (City) | (Zip code) | |
| 10. Registere | | | · <u></u> |
| Having been n | (City) I agent's acceptance: amed as registered agent and to accept s | (Zip code) service of process for the above si | |
| Having been n designated in t | (City) I agent's acceptance: amed as registered agent and to accept s his application, I hereby accept the appe | (Zip code) service of process for the above so intment as registered agent and | agree to act in this capacity. I |
| Having been n designated in t further agree t | (City) I agent's acceptance: amed as registered agent and to accept shis application, I hereby accept the appersonable of all statu | (Zip code) service of process for the above si ointment as registered agent and tes relative to the proper and con | agree to act in this capacity. } uplete performance of my |
| Having been n designated in t further agree t | (City) I agent's acceptance: amed as registered agent and to accept shis application, I hereby accept the application of all statum familiar with and accept the obligation. | (Zip code) service of process for the above so sintment as registered agent and tes relative to the proper and con ns of my position as registered ag | agree to act in this capacity. } uplete performance of my |
| Having been n designated in t further agree t | (City) I agent's acceptance: amed as registered agent and to accept shis application, I hereby accept the application of all statum familiar with and accept the obligation. | (Zip code) service of process for the above so sintment as registered agent and tes relative to the proper and com ns of my position as registered ag ration System | agree to act in this capacity. } uplete performance of my |
| Having been n designated in t further agree t duties, and I a | (City) I agent's acceptance: amed as registered agent and to accept this application, I hereby accept the apple to comply with the provisions of all statu m familiar with and accept the obligatio | (Zip code) service of process for the above so sintment as registered agent and tes relative to the proper and come is of my position as registered agration System DALE W. MORRIS | agree to act in this capacity. } uplete performance of my |
| Having been n designated in t further agree t duties, and I a | (City) I agent's acceptance: amed as registered agent and to accept shis application, I hereby accept the application of all statum familiar with and accept the obligation. | (Zip code) service of process for the above so sintment as registered agent and tes relative to the proper and come is of my position as registered agration System DALE W. MORRIS ASSISTANT VICE PRESIDENT | agree to act in this capacity. } uplete performance of my |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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under the law of which it is incorporated.

Chairman: J. Donald Anderson Address: ____ Vice Chairman: Address: D D P

12. Names, and business addresses of officers and/or directors:

A. DIRECTORS

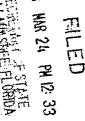
| <u></u> | | ··· · | <u></u> | . <u>** 2.34*</u> | < | |
|---------------------------------------|-----------------------|--|-------------------|--|--|---------|
| Director: | | <u>.</u> | | A Company of the Comp | | |
| Address: | | · | <u>*</u> | | | |
| · · · · · · · · · · · · · · · · · · · | | · : | <u></u> | <u> </u> | <u> </u> | e in An |
| Director: | | | | | | *; |
| Address: | | | | | | |
| | | | <u></u> | <u> </u> | <u> </u> | |
| B. OFFICERS | | | | | | |
| President: J. Donald Anderson | | ··· <u>-</u> | | | · | . : |
| Address: 3000 SIMMON TRE | E ROAD | | | <u></u> | <u>· </u> | |
| CHARLOTTE NC 2 | 8270 | <u>. </u> | ng | 4 | <u> </u> | æ |
| Vice President: | | | <u></u> | | <u> </u> | · |
| Address: | | | | | | : |
| <u> </u> | | | <u> </u> | | # * ;*. | Ŧ |
| Secretary: Elizabeth Pence | | <u></u> | | * ************************************ | | •. , / |
| Address: 4132 TYNG WAY C | HARLOTTE, NC | 28211 | | <u> </u> | | |
| Treasurer: | | | y see the second | <u> </u> | - | · |
| Address: | | - 6 - <u>- 5 </u> | | / 1 | | |
| TOWN IS | | | 4121 3 | | n a fra wa | |
| NOTE: If necessary, you may attach | | | • | | ctors. | |
| 13 (Signature of Chairm | nan, Vice Chairman, o | or any officer | listed in number | 12 of the applicat | ion) | • , . |
| 14 | | | <u> </u> | NB Type on the second of | | . ; |
| (Typed or pr | inted name and capac | city of person | signing applicati | on) | | |

Names, and business addresses of officers and/or directors:

| A. DIRECTORS | | |
|---|---|----------------------|
| Chairman: J. Donald Anderson | <u> </u> | |
| Address: | | 上 五 |
| | | 10 P |
| Vice Chairman: | - | 10 |
| Address: | : | OF IS |
| | : | Epr 3 |
| Timedon | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | : |
| Address: | | <u> </u> |
| | } | |
| B. OFFICERS | The state of | |
| President J. Donald Anderson | , g., | |
| Address: 3000 SIMMON TREE ROAD | | |
| OTTA DE OURRE MA 28270 | | |
| Vice President: | | , |
| Address: | , | |
| | | |
| | | |
| Secretary: Elizabeth Pence | , | |
| Address: 4132 TYNG WAY CHARLOTTE, N | C 28211 | |
| Treasurer: | | |
| Address: | , | |
| | • | |
| NOTE: If pecessary, you may strach an addendum to the | he application listing additional officer | es and/or directors. |
| 13. Januare Chufum for | endut | |
| (Signature of Chairman, Vice Chairman | n, or any officer listed in number 12 of | the application) |
| 14. J. DONALO ANGERSON, PA | esident | |
| (Typed or printed name and car | fundications among person in vision | |

The State of South Caroling





Office of Sentificate of State Lim Miles

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

COLUMBIA BEAUTY SUPPLY, INC.,

a corporation duly organized under the laws of the State of South Carolina on **April 7th, 1920**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 15th day of November, 2002.

Jim Miles, Secretary of State