2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000041

1. Entity Name
ULTA SALON, COSMETICS & FRAGRANCE, INC.

Principal Place of Business	Mailing Address
1135 ARBOR DRIVE REMEOVILLE, IL 60446	1135 ARBOR DRIVE REMEOVILLE, IL 60446

DO NOT WRITE IN THIS SPACE

02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3685240
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	KIRBY, LYN
STREET ADDRESS	1135 ARBOR DR.
CITY-ST-ZIP	ROMEOVILLE, IL 60446
TITLE	SEVP
NAME	WEBER, RICK
STREET ADDRESS	1135 ARBOR DRIVE
CITY-ST-ZIP	ROMEOVILLE, IL 60446
TITLE	SVP
NAME	L'HEUREUX, WAYNE
STREET ADDRESS	1135 ARBOR DRIVE
CITY-ST-ZIP	REMEOVILLE, IL 60446
TITLE	SVP
NAME	SMOLAREK, GREG
STREET ADDRESS	1135 ARBOR DRIVE
CITY-ST-ZIP	REMEOVILLE, IL 60446
TITLE	SVP
NAME	WHITEHEAD, MELISSA
STREET ADDRESS	1135 ARBOR DRIVE
CITY-ST-ZIP	REMEOVILLE, IL 60446
TITLE	D
NAME	ECK, DENNIS
STREET ADDRESS	302 MARIGOLD AVE.
CITY-ST-ZIP	CORNA DEL MAR, CA 92625

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02/23/06-80030-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph C Addante 2/8/06 (630) 226-8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #