

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000702

Entity Name: BEAUTY ALLIANCE INC.

FILED  
Jan 06, 2010  
Secretary of State

## Current Principal Place of Business:

C/O L'OREAL USA, INC. ATTN: LEGAL DEPT  
575 FIFTH AVENUE  
NEW YORK, NY 10022

## New Principal Place of Business:

C/O L'OREAL USA, INC. ATTN: LEGAL DEPT  
575 FIFTH AVENUE  
NEW YORK, NY 10017

## Current Mailing Address:

C/O L'OREAL USA, INC. ATTN: LEGAL DEPT  
575 FIFTH AVENUE  
NEW YORK, NY 10022

## New Mailing Address:

L'OREAL USA, INC.  
50 CONNELL DRIVE  
BERKELEY HEIGHTS, NJ 07922

FEI Number: 91-2062018

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO  
Name: ROZE, FREDERIC  
Address: 575 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10017

Title: DEVP  
Name: DOLDEN, ROGER  
Address: 575 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10017

Title: VPSE  
Name: SARAKATSANNIS, THOMAS  
Address: 575 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10017

Title: VC  
Name: CHEEK, JAMES D  
Address: 1901 ULMERTON RD  
City-St-Zip: CLEARWATER, FL 33762

Title: SVP  
Name: RABINOWITZ, ROY  
Address: 50 CONNELL DR  
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

Title: SVP  
Name: LEGRAIN, ARNAUD  
Address: 575 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10017

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

SIGNATURE: ROY RABINOWITZ

SVP

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date