

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000702

Entity Name: BEAUTY ALLIANCE INC.

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

L'OREAL USA, INC.
575 FIFTH AVENUE
NEW YORK, NY 10017

Current Mailing Address:

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

New Mailing Address:

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

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: CFO
Name: PAGLIANO, ALEXANDRE
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

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date