

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005813

FILED
Mar 27, 2008
Secretary of State

Entity Name: ESTEE LAUDER TRAVEL RETAIL SERVICES INC.

Current Principal Place of Business:

7 CORPORATE CENTER DR
ATTN: TAX DEPT
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE CENTER DR
ATTN TAX DEPT
MELVILLE, NY 11747 US

New Mailing Address:

FEI Number: 11-3188464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE, FL 32301 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: CFOD () Delete
Name: KUNES, RICHARD
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: S () Delete
Name: MOSS, SARA
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS () Delete
Name: MANN, JUDITH M
Address: 7 CORPORATE CENTER DR
City-St-Zip: MELVILLE, NY 11747

Title: T () Delete
Name: STACK, TERENCE R
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS () Delete
Name: SCHWECHERL, JAMES
Address: 7 CORPORATE CENTER DR
City-St-Zip: MELVILLE, NY 11747

Title: EVP () Delete
Name: KUNES, RICHARD
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA CAPPELL

AS

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date