

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000006247**

1. Entity Name

SALLY BEAUTY DISTRIBUTION, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90173 009 ***150.00

Principal Place of Business

**3900 MORSE ST
DENTON TX 76208**

Mailing Address

**2525 ARMITAGE AVENUE
C/O TAX DEPARTMENT
MELROSE PARK IL 60160
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2624245**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LAVIN, LEONARD H	2525 ARMITAGE AVE	MELROSE PARK IL				
D	BERNICK, HOWARD B	2525 ARMITAGE AVE	MELROSE PARK IL 60160				
PD	RENZULLI, MICHAEL	3900 MORSE ST	DENTON TX				
ST	LAVIN, BERNICE E	2525 ARMITAGE AVE	MELROSE PARK IL 60160				
VP	WINTERHALTER, GARY	3900 MORSE ST	DENTON TX				
VP	KAHNEY, DEAN	3900 MORSE ST	DENTON TX				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *GAV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER

Date

4-16-2001

Daytime Phone #

708 450-3159

CR2E034 (10/00)