

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90138 041 ***150.00

DOCUMENT # F96000005419

1. Corporation Name

BOBBI BROWN PROFESSIONAL COSMETICS SERVICES INC.



Principal Place of Business

600 MADISON AVE
NY NY 10022

Mailing Address

7 CORPORATE CENTER DR
ATTN TAX DPT
MELVILLE NY 11747
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

11-3315192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO ☐ DELETE
NAME BROWN, BOBBI
STREET ADDRESS 600 MADISON AVE
CITY-ST-ZIP NY NY 10022

TITLE DP ☐ DELETE
NAME LANDIS, ROSALAIND
STREET ADDRESS 600 MADISON AVE
CITY-ST-ZIP NY NY 10022

TITLE DV ☒ DELETE
NAME BIGLER, ROBERT J
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

TITLE CFO ☐ DELETE
NAME BIGLER, ROBERT J
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

TITLE DVS ☐ DELETE
NAME MAGRAM, SAUL H
STREET ADDRESS 767 5TH AVE
CITY-ST-ZIP NY NY 10153

TITLE DV ☐ DELETE
NAME LAUDER, WILLIAM P
STREET ADDRESS 767 5TH AVE
CITY-ST-ZIP NY NY 10153

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Assistant Secretary
3.3 STREET ADDRESS James Porretto
3.4 CITY-ST-ZIP 7 Corporate Center Drive
Melville, NY 11747

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PORRETTO
ASSISTANT SECRETARY

4/28/99
Date

516-847-6347
Daytime Phone #

CR2E034 (11/98)

0005821