

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000340

FILED
Jan 14, 2010
Secretary of State

Entity Name: BUMBLE AND BUMBLE PRODUCTS, LLC

Current Principal Place of Business:

415 WEST 13TH STREET
NEW YORK, NY 10022

New Principal Place of Business:

7 CORPORATE CENTER DRIVE
MELVILLE, NY 11747

Current Mailing Address:

7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 13-3880058 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WAVE PRODUCTS, INC.
Address: 7 CORPORATE CENTER DRIVE ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747

Title: P
Name: LICHTENTHAL, PETER
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: VCFO
Name: KUNES, RICHARD W
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: VS
Name: MOSS, SARA E
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: ASEC
Name: SCHWECHERL, JAMES
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: V
Name: DOYLE, FRANK L
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES SCHWECHERL ASEC 01/14/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date