

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000340

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** BUMBLE AND BUMBLE PRODUCTS, LLC

**Current Principal Place of Business:**

7 CORPORATE CENTER DRIVE  
MELVILLE, NY 11747

**New Principal Place of Business:**

**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

VP

01/30/2012

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