

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10063

Entity Name: AVON PRODUCTS, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

1345 AVE OF THE AMERICAS
NEW YORK, NY 10105 US

New Principal Place of Business:

Current Mailing Address:

MIDLAND & PECK AVENUES
RYE, NY 10580 US

New Mailing Address:

FEI Number: 13-0544597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: JUNG, ANDREA
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: SVP () Delete
Name: NANCY, GLASER
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: VP () Delete
Name: VASSALLO, STEPHEN
Address: MIDLAND & PECK AVENUES
City-St-Zip: RYE, NY 10580

Title: EVPC () Delete
Name: CONNOLLY, BRIAN C
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: PCOO () Delete
Name: KROFF, SUSAN J
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: SVPS () Delete
Name: KLEMMANN, GILBERT II
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

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: CFO (X) Change () Addition
Name: CRAMB, CHARLES W JR.
Address: 1345 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN VASSALLO

VP

04/17/2007

Electronic Signature of Signing Officer or Director

Date