FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 22, 2003 8:00 am Secretary of State P10063 DOCUMENT # 04-22-2003 90038 044 ***150.00 1. Entity Name AVON PRODUCTS, INC. Principal Place of Business Mailing Address 1345 AVE OF THE AMERICAS **MIDLAND & PECK AVENUES** NEW YORK NY 10105 RYE NY 10580 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 13-0544597 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CE₀ ☐ Addition TIŢLE ☐ Defete TITLE JUNG, ANDREA NAME NAME STREET ADDRESS 1345 AVE OF THE AMERICAS STREET ADDRESS **NEW YORK NY 10105** CITY-ST-ZIP CITY-ST-ZIP **VPT** Change Addition ☐ Delete TITLE TITLE LING, DENNIS NAME NAME 1345 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10105** CITY-ST-ZIP **VP** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME SIMON, KENNETH J NAME STREET ADDRESS STREET ADDRESS MIDLAND & PECK AVENUES CITY-ST-ZIP **RYE NY 10580** CITY-ST-ZIP **EVPC** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME CORTI, : ROBERT NAME STREET ADDRESS 1345 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10105** CITY-ST-ZIP PC00 ☐ Change ☐ Addition TITLE Delete TITLE KROPF, SUSAN J MARKE NAME STREET ADDRESS STREET ADDRESS 1345 AVE OF THE AMERICANS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10105 SVPS Change □ Addition TITLE □ Delete TITLE KLEMANN, GILBERT II NAME NAME

12. I hereby certify that the information supplied with this filling 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 in use a majority of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with **f** all other like empower

STREET ADDRESS

CITY-ST-ZIP

1345 AVE OF THE AMERICAS

NEW YORK NY 10105

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

914-935-2000

Daytime Phone #