

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90172 050 ***150.00

DOCUMENT # P10342

1. Entity Name

SALLY BEAUTY COMPANY, INC.

Principal Place of Business

Mailing Address

**3900 MORSE ST.
 TAX DEPT.
 DENTON TX 76208
 US**

**2525 ARMITAGE AVE.
 C/O TAX DEPT.
 MELROSE PARK IL 60610
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2683258**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **RENZULLI, MICHAEL**
 STREET ADDRESS **3900 MORSE STREET**
 CITY-ST-ZIP **DENTON TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **LAVIN, BERNICE E.**
 STREET ADDRESS **2525 ARMITAGE AVENUE**
 CITY-ST-ZIP **MELROSE PARK IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAVIN, LEONARD H.**
 STREET ADDRESS **2525 ARMITAGE AVENUE**
 CITY-ST-ZIP **MELROSE PARK IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **KAHNEY, DEAN**
 STREET ADDRESS **3900 MORSE ST.**
 CITY-ST-ZIP **DENTON TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** Delete
 NAME **WINTERHALTER, GARY**
 STREET ADDRESS **3900 MORSE STREET**
 CITY-ST-ZIP **DENTON TX 76202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BERNICK, HOWARD B**
 STREET ADDRESS **2525 ARMITAGE AVENUE**
 CITY-ST-ZIP **MELROSE PARK IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GDA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER

4/16/01
 Date

708 450-3159
 Daytime Phone #

CR2E034 (10/00)