

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22339

(6)

1. Corporation Name

ESTEE LAUDER SERVICES INC.

Principal Place of Business

125 PINE LAWN RD
ATTN: TAX DEPT
MELVILLE NY 11747

Mailing Address

125 PINE LAWN RD
ATTN: TAX DEPT
MELVILLE NY 11747-3145

FILED
Apr 11 1997 8:00am
Secretary of State



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/23/1988

3a. Date of Last Report

04/26/1996

4. FEI Number

13-3488711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature in Type-d or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURNS, ROBIN	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RICHTER, GARY S.	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BIGLER, ROBERT G	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MANN, JUDITH M.	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PORRETTO, JAMES	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUDER, LEONARD A.	
STREET ADDRESS	125 PINELAWN ROAD	
CITY-ST-ZIP	MELVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or new appointment with an address.

SIGNATURE: *James Porretto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PORRETTO
ASSISTANT SECRETARY

Date

Daytime Phone #

4/4/97 (516) 531-1324

CR2E034 (9/96)