

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7 Corporate Center Dr. Suite, Apt. #, etc. 22 Attn: Tax Dept. City & State 23 Melville, NY Zip 24 11747		2a. Mailing Address 26 7 Corporate Center Dr. Suite, Apt. #, etc. 27 Attn: Tax Dept. City & State 28 Melville, NY Zip 29 11747		3. Date Incorporated or Qualified 12/23/1988	
				4. FEI Number 13-3488711	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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

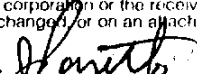
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ROBIN	1.2 NAME	7 Corporate Center Drive
STREET ADDRESS	125 PINELAWN ROAD	1.3 STREET ADDRESS	Melville, NY 11747
CITY-ST-ZIP	MELVILLE NY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, GARY S.	2.2 NAME	7 Corporate Center Drive
STREET ADDRESS	125 PINELAWN ROAD	2.3 STREET ADDRESS	Melville, NY 11747
CITY-ST-ZIP	MELVILLE NY	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGLER, ROBERT G	3.2 NAME	Sr V.P. / CFO
STREET ADDRESS	125 PINELAWN ROAD	3.3 STREET ADDRESS	7 Corporate Center Drive
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, JUDITH M.	4.2 NAME	Treasurer
STREET ADDRESS	125 PINELAWN ROAD	4.3 STREET ADDRESS	Andri's Anuzis
CITY-ST-ZIP	MELVILLE NY	4.4 CITY-ST-ZIP	7 Corporate Center Drive
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORRETTO, JAMES	5.2 NAME	7 Corporate Center Drive
STREET ADDRESS	125 PINELAWN ROAD	5.3 STREET ADDRESS	Melville, NY 11747
CITY-ST-ZIP	MELVILLE NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUDER, LEONARD A.	6.2 NAME	Director
STREET ADDRESS	125 PINELAWN ROAD	6.3 STREET ADDRESS	William P. Lauder
CITY-ST-ZIP	MELVILLE FL	6.4 CITY-ST-ZIP	7 Corporate Center Drive

14. 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 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 on an attachment with an address.

SIGNATURE: 

JAMES PORRETTO  
ASSISTANT SECRETARY

4/28/98 516-847-6347

CR2E034 (10/97)