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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22339 1. Corporation Name

ESTEE LAUDER SERVICES INC.

| Principal Place | e of Business | Mailing Address | | | |
|--|--|--|----------------------------|--|----------------------------------|
| 7 CORPORATE | CENTER DR | 7 CORPORATE CENTER DR | | | |
| ATTN: TAX DEF | | ATTN: TAX DEPT | | | |
| MELVILLE NY 1 | 1747 | MELVILLE NY 11747 | | . · | IN THIS SPACE |
| US | | U\$ | | 3. Date Incorporated or Qualifed | i |
| | | | | 12/23/1988 | · · |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 | | 26 | | 13-3488711 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt #, etc | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 3, Cermente di Status Desirea | Fee Required |
| City & Stat | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Ζφ | Country | 8. This corporation owes the current | : year Intangible |
| 24 | [25] | [29] | 0 | Personal Property Tax | []Yes []No |
| | 9. Name and Address of Current | Registered Agent | 1 | 10. Name and Address of New Reg | jistered Agent |
| PRENTICE-HALL CORPORATION SYSTEM B1 CORPORATION SERVICE COMPANY | | | | | |
| PREI | NTICE-HALL CORPORATION SYST | [EM | COR | CORATION SERVICE CO | MPANY |
| 110 | North Magnolia Street | | 82 Street | Address (P.O. Box Number is Not Acceptable | *) J |
| TALL | AHASSEE FL 32301 | | 83 | | - ·- |
| | | | 120 | of Hays Street | |
| | | | 84 <u>City</u> | 11.1 | 85 Zip Code |
| | | ** * * * * * * * * * * * * * * * * * * | 1 1 40 | illahassee | FL 3930 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's autmits 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. Land familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | |
| agent la | rafamiliar with, and accept the obligation | ons of Section 607.0505, Florid | a Statutes | | 1100101 |
| SIGNATURE JULY 6 / ROW Karen B. Rozar. As Its Agent Signature typed or protect frame of registered agent und title if agest carble (NOTE Registered Agent) States from the protection of the pro | | | | | |
| <u></u> | | | | | |
| 12. | OFFICERS AND | enter the first of the contract of the contrac | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | Р | > CDEFE LE | 1 I TITLE | President | [] Change 🔀 Addition |
| NAME | Burns, Robin | | 1.2 NAME | baniel Brestle. | |
| STREET ADDRESS | 7 CORPORATE CENTER DR | | 13 STREET ADDRESS | 7 Corporate Center Dri | ve |
| CITY-ST-ZIP | MELVILLE NY 11747 | | 14 CHY-ST-ZIP | melville, M 11747 | |
| TITLE | AS | EX DECETE | 2.1 THUE | Treasurer. | [Change 🔀 Addition |
| NAME | RICHTER, GARY S. | • | 2.2 NAME | Mada's Anuzis | |
| STREET ADORESS | 7 CORPORATE CENTER DR | | 2.3 STREET ADDRESS | 7 Corporate Center Dr | ive |
| CITY-ST-ZIP | MELVILLE NY 11747 | | 2.4 O(TY-S). Z(P) | melville, MY 11747 | |
| TITLE | VT | [] DELETÉ | 31 1016 | in the | Change [] Adduon |
| NAME | BIGLER, ROBERT G | · · · | 3.2 NAME | 1° ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | (日) ・日 コーニ ご |
| STREET ADORESS | 7 CORPORATE CENTER DR | | | -05/04/ | 99~-01087019 |
| CITY-ST-ZIP | MELVILLE NY 11747 | | 3.3 STREET ADDRESS | ****15 | 0.00 ****150.00 |
| TITLE | · •• • • • • • • • • • • • • • • • • • | X DELETE | 34 City St ZiP 41 Title | VA - Trues | L I Change Fall at titan |
| NAME | AS | N octen | 8 | VP-Taxes | [Change Land dition |
| 1 | MANN, JUDITH M. | | 4 2 NAME | Gerald Gibian | - 1 () () |
| STREET ADDRESS | 7 CORPORATE CENTER DR | | 435 RÉFIADORESS | 7 Corporate Center | Dure 1 1/22 |
| CITY-S1-ZIP | MELVILLE NY 11747 | * * * * * * * * * * * * * * * * * * * | 44 CITY ST-ZIF | melville My 11747 | |
| TITLE | AS | [] DELETE | 5 1 TITLE | ' | [] Change \(\oplus \) Addition |
| NAME | PORRETTO, JAMES | | 5.2 NAME | | |
| STREET ADDRESS | 7 CORPORATE CENTER DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELVILLE NY 11747 | | 5.4 CHY-\$1-ZP | | |
| TITLE | D | [] DELETE | E 1 TITLE | | [] Change |
| NAME | LAUDER, W P | | 6.2 NAME | | |
| STREET ADDRESS | 7 CORPORATE CENTER DRE | i | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MELVILLE FL 11747 | | 6.4 CHY-S1-264 | | |
| | | | | | |

14. Thereby 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 suppliemental 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 hie 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 for on an attachment with an address, with all other like accurate the same legal effect as if made under oath, that I am an officer or director of the corporation of the corporation

SIGNATURE: X

ASSISTANT SECRETARY

4/22/99 516-847-6347