2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 30, 2002 8:00 am DOCUMENT # P23361 **Secrétary of State** 1. Entity Name SHISEIDO COSMETICS (AMERICA) LTD. INC. 07-30-2002 90379 035 ***550.00 Principal Place of Business Mailing Address 900 3RD AVE 178 BAUER DR NEW YORK NY 10022 OAKLAND NJ 07436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2545265 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 THE PRENTICE HALL CORP. SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **CCEO** ☐ Detete TITLE CEO ☐ Addition NAME ISAO, ISEJIMA NAME ISAO, ISEJIMA STREET ADDRESS 214 GARY ROAD STREET ADDRESS 90 ALIDA STREET CITY-ST-ZIP STAMFORD CT 06903 CITY-ST-ZIP SCARSDALE, NY 10583 TITLE ☐ Delete TITLE XX Change Addition NAME KENTARO, KAWAZOE NAME KENTARO, KAWAZOE STREET ADDRESS 900 THIRD AVE STREET ADDRESS 515 72ND STREET APT. 25A CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP NEW YORK, NEW YORK 10021 TITLE Delete TITLE Change Addition NAME TAKAHASHI, NOBUO NAME STREET ADDRESS 178 BAUER DRIVE STREET ADDRESS CITY-ST-ZIP OAKLAND NJ CITY-ST-ZIP TITLE **DWP** ☐ Delete TITLE Change ☐ Addition NAME GEPHART, BRUCE STREET ADDRESS 900 THIRD AVE STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Sign SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #