

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P31217

1. Entity Name

ALBERTO-CULVER USA, INC.



Principal Place of Business

2525 ARMITAGE AVENUE
MELROSE PARK, IL 60160

Mailing Address

2525 ARMITAGE AVENUE
MELROSE PARK, IL 60160

FILED
May 02, 2008 08:00 AM
Secretary of State



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3664158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARINO, VINCENT J
STREET ADDRESS 2525 ARMITAGE PARK IL
CITY-ST-ZIP MELROSE PARK, IL 60160

TITLE D
NAME NICOLETTI, RALPH
STREET ADDRESS 2525 ARMITAGE AVE.
CITY-ST-ZIP MELROSE PARK, IL 60160

TITLE VP
NAME GRUBB, TAYLOR
STREET ADDRESS 2525 ARMITAGE AVE
CITY-ST-ZIP MELROSE PARK, IL 60160

TITLE VP
NAME ANDERS, REED
STREET ADDRESS 2525 ARMITAGE AVE
CITY-ST-ZIP MELROSE PARK, IL 60160

TITLE SVP
NAME BERSCHIED, JOHN JR
STREET ADDRESS 2525 ARMITAGE AVE
CITY-ST-ZIP MELROSE PARK, IL 60160

TITLE S
NAME SCHMIDT, GARY P
STREET ADDRESS 2525 ARMITAGE AVE
CITY-ST-ZIP MELROSE PARK, IL 60160

U00000945682
05/30/08-80018-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08

708-450-3193