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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P40689** **(2)**

1. Corporation Name
HELENE CURTIS, INC.

Principal Place of Business
325 NORTH WELLS STREET
CHICAGO IL 60610

Mailing Address
800 SYLVAN AVE.
MC #A G9
ENGLEWOOD CLIFFS NJ 07632
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/29/1992

4. FEI Number
36-1524380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	GIDWITZ, RONALD J		1.2 NAME	ACHENBAUM, JONATHAN P	
STREET ADDRESS	325 N. WELLS STREET		1.3 STREET ADDRESS	325 N. WELLS STREET	
CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE	CEVP	☒ DELETE	2.1 TITLE	SEC	☐ Change ☒ Addition
NAME	SMITH, GILBERT P		2.2 NAME	LANFRANCO, JOSEPH	
STREET ADDRESS	325 N. WELLS STREET		2.3 STREET ADDRESS	325 N. WELLS STREET	
CITY-ST-ZIP	CHICAGO IL 60610		2.4 CITY-ST-ZIP	CHICAGO, IL 60610	
TITLE	SRVP	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	ZEFFEN, EUGENE		3.2 NAME	EMERY, IRWIN K	
STREET ADDRESS	325 N. WELLS STREET		3.3 STREET ADDRESS	325 N WELLS STREET	
CITY-ST-ZIP	CHICAGO IL 60610		3.4 CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VPSP	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PASKIN, DEBORAH C		4.2 NAME	PHILLIPS, ROBERT N	
STREET ADDRESS	325 N. WELLS STREET		4.3 STREET ADDRESS	390 PARK AVE	
CITY-ST-ZIP	CHICAGO IL 60610		4.4 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	ATT	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KRANTZ, JOHN C		5.2 NAME	SOIEFER, RONALD M	
STREET ADDRESS	800 SYLVAN AVE.		5.3 STREET ADDRESS	390 PARK AVE	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		5.4 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this report 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 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 added above.

SIGNATURE: X _____ 1/27/98 (201) 871-5563