

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000702

**Entity Name:** SALONCENTRIC INC.**Current Principal Place of Business:**L'OREAL USA, INC.  
575 FIFTH AVENUE  
NEW YORK, NY 10017**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC0971068731****Current Mailing Address:**L'OREAL USA, INC.  
50 CONNELL DRIVE  
BERKELEY HEIGHTS, NJ 07922**FEI Number:** 91-2062018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DCEO  
Name ROZE, FREDERIC  
Address 575 FIFTH AVE  
City-State-Zip: NEW YORK NY 10017

Title SVP  
Name JOSEPH, NUNZIATO  
Address 50 CONNELL DRIVE  
City-State-Zip: BERKELEY HEIGHTS NJ 07922

Title VPSE  
Name SARAKATSANNIS, THOMAS  
Address 575 FIFTH AVE  
City-State-Zip: NEW YORK NY 10017

Title SVP, FINANCE & ASSISTANT SECRETARY  
Name RABINOWITZ, ROY  
Address 50 CONNELL DR  
City-State-Zip: BERKELEY HEIGHTS NJ 07922

Title CFO  
Name PAGLIANO, ALEXANDRE  
Address 575 FIFTH AVE  
City-State-Zip: NEW YORK NY 10017

Title PRESIDENT  
Name SHARNSKY, PAUL  
Address L'OREAL USA, INC.  
575 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017

Title SVP & GENERAL MANAGER  
Name LOPEZ, ALEJANDRO  
Address L'OREAL USA, INC.  
575 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017

Title EXEC VP, BUSINESS DEVELOPEMENT & EXTERNAL FINANCE RELATIONS  
Name DOLDEN, ROGER  
Address L'OREAL USA, INC.  
575 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROY RABINOWITZ**SVP****03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            EXEC VP, OPERATIONS  
Name            WILKINSON, GREGORY  
Address        8031 114TH AVE NORTH  
City-State-Zip: LARGO FL 33773  
  
Title            ASSISTANT VP & ASSISTANT SECRETARY  
Name            KINNALLY, ROBERT G  
Address        L'OREAL USA, INC.  
                  575 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            VP & ASSISTANT SECRETARY  
Name            GIGLIOTTI, LISA M  
Address        L'OREAL USA, INC.  
                  575 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017