

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90033 018 \*\*\*150.00

**DOCUMENT # F01000002360**  
 1. Entity Name  
**M.A.C. COSMETICS INC.**

Principal Place of Business      Mailing Address  
**7 CORPORATE CENTER DRIVE**      **7 CORPORATE CENTER DRIVE**  
**MELVILLE NY 11747-3166**      **MELVILLE NY 11747-3166**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3581776**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMSEY, JOHN	
STREET ADDRESS	130 PRINCE STREET	
CITY-ST-ZIP	NEW YORK NY 10012	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	KUNES, RICHARD W	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAVANAUGH, ANDREW J	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KONNEY, PAUL E	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUGLISI, KAREN S	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIBIAN, GERALD Z	
STREET ADDRESS	767 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10153	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Dempsey	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard W. Kunes	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew J. Cavanaugh	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul E. Konney	
STREET ADDRESS	7 Corporate Center Dr.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Schwecherl	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Z. Gibian	
STREET ADDRESS	7 Corporate Center Drive	
CITY-ST-ZIP	Melville, NY 11747	

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 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 11 or Block 12 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

**James P. Schwecherl**  
 Assistant Secretary  
 Date: 1/8/02      Daytime Phone #: 631-847-6326

CR2E034 (9/01)