

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2003 8:00 am  
Secretary of State

02-19-2003 90014 028 \*\*\*150.00

**DOCUMENT # F01000002360**

1. Entity Name  
**M.A.C. COSMETICS INC.**



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

Mailing Address  
**7 CORPORATE CENTER DRIVE  
MELVILLE NY 11747-3166**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DEMSEY, JOHN	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
VCFO	KUNES, RICHARD W	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
V	CAVANAUGH, ANDREW J	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
VSD	KONNEY, PAUL E	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
AS	SCHECHERL, JAMES	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
V	GIBIAN, GERALD Z	7 CORPORATE CENTER DRIVE	MELVILLE NY 11747	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Sr. VP	(same)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

James P. Schwecherl  
Assistant Secretary

1/6/03 631-847-6326  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR