


**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90026 038 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F01000002360</b> 1. Entity Name M.A.C. COSMETICS INC.	
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Principal Place of Business 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166	Mailing Address 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166
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66007315



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3581776	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMSEY, JOHN 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KUNES, RICHARD W 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CAVANAUGH, ANDREW J 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOSS, SARA 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHECHERL, JAMES 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBIAN, GERALD Z 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747

**DO NOT WRITE  
 IN THIS SPACE**

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: Lisa Cappell Assistant Secretary 2/18/2005 631-447-6343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

James P. Schwecherl

James P. Schwecherl  
 Assistant Secretary 631-847-6326