

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002360

Entity Name: M.A.C. COSMETICS INC.

FILED  
Jan 29, 2009  
Secretary of State

## Current Principal Place of Business:

7 CORPORATE CENTER DRIVE  
ATTN: TAX DEPT.  
MELVILLE, NY 117473166

## New Principal Place of Business:

## Current Mailing Address:

7 CORPORATE CENTER DRIVE  
ATTN: TAX DEPT.  
MELVILLE, NY 117473166

## New Mailing Address:

FEI Number: 11-3581776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEMSEY, JOHN  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

Title: VCFO ( ) Delete  
Name: KUNES, RICHARD W  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

Title: SVP ( ) Delete  
Name: STACK, TERENCE  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

Title: VSD ( ) Delete  
Name: MOSS, SARA  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

Title: AS ( ) Delete  
Name: SCHWECHERL, JAMES  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

Title: AS ( ) Delete  
Name: CAPPELL, LISA  
Address: 7 CORPORATE CENTER DRIVE  
City-St-Zip: MELVILLE, NY 11747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES SCHWECHERL

AS

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date