

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004906

**Entity Name:** REVLON CONSUMER PRODUCTS CORPORATION**Current Principal Place of Business:**1 NEW YORK PLAZA  
NEW YORK, NY 10004**Current Mailing Address:**2147 RT. 27  
EDISON, NJ 08818 US**FEI Number:** 13-3662953**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CHRM  
Name PERELMAN, RONALD O  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title CEO, PRESIDENT  
Name PERELMAN, DEBRA  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name BERNIKOW, ALAN S  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title CFO  
Name DOLAN, VICTORIA  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title SVPS  
Name SHEEHAN, MICHAEL T  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name SCHWARTZ, BARRY F  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title SR VP, TREASURER  
Name WARREN, ERIC  
Address 1 NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title COO  
Name PEDREIRO, SERGIO  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

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*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: MICHAEL T. SHEEHAN****VP & SECRETARY****04/20/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | VICE PRESIDENT & CONTROLLER |
| Name            | BUCHER, PAMELA              |
| Address         | ONE NEW YORK PLAZA          |
| City-State-Zip: | NEW YORK NY 10004           |