

2016 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** BETTY JEAN KONIECZNY

04/01/2016

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 PD
Name DELPANI, LORENZO
Address 1 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 VP
Name HORMOZI, MITRA
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title VP
Name SEXTON, MARK K
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title ASSISTANT TREASURER
Name SOCK, MARK
Address 2147 ROUTE 27
City-State-Zip: EDISON NJ 08817

Title TREASURER
Name ANDERSON, SIOBHAN
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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: MARK SOCK**ASSISTANT TREASURER** 04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date