

2019 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.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 VC
Name MEISTER, PAUL
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 CEO, PRESIDENT
Name PERELMAN, DEBRA
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 COO
Name PETERSON, CHRIS
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

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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: MARK SOCK

ASST. TREASURER

04/22/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KRETZMAN, BOB
Address 1 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

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