

1.) CORPORATION NAME:

AVON PRODUCTS, INC.

DUE DATE: **1/31/2011**

SCC ID NO: **F1062936**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1345 AVENUE OF THE AMERICAS
NEW YORK

CITY/ST/ZIP: NEW YORK, NY 10105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RICHARD VALONE OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: MIDLAND AND PECK AVENUES
CITY/ST/ZIP/CO: RYE, NY 10580-

NAME: ANDREA JUNG OFFICER DIRECTOR
TITLE: COB/CEO
ADDRESS: 1345 AVE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10105-

NAME: CHUCK CRAMB OFFICER DIRECTOR
TITLE: EVP/CFO
ADDRESS: 1345 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10105-

NAME: KIM K.W. RUCKER OFFICER DIRECTOR
TITLE: SRVP/GC/S
ADDRESS: 1345 AVE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10105-

NAME: STEPHEN IBBOTSON OFFICER DIRECTOR
TITLE: GVP/CONTROLLER
ADDRESS: 1345 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10105-

NAME:	W DON CORNWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	FRED HASSAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	V ANN HAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, VA 10105-		
NAME:	MARIA ELENA LAGOMASINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, VA 11411-		
NAME:	ANN MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	PAUL PRESSLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	GARY RODKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13454 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	PAULA STERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	LAWRENCE WEINBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		
NAME:	KAREN R. LEU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1345 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10105-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KAREN R. LEU</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAREN R. LEU, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/31/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.