

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497317 (8)

1. Corporation Name
PET CHEMICALS, INC.



Principal Place of Business: **C/O COLGATE-PALMOLIVE CO. 300 PARK AVENUE NEW YORK NY 10022**
Mailing Address: **C/O COLGATE-PALMOLIVE CO. 300 PARK AVENUE NEW YORK NY 10022**

3. Date Incorporated or Qualified: **02/24/1976**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0752468**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0932 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0936, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOLING, WILLIAM G	
STREET ADDRESS	300 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENDRY, ANDREW D	
STREET ADDRESS	300 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGATE, ROBERT M	
STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANTEL, JOAN L	
STREET ADDRESS	300 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GILLMAN, NINA D	
STREET ADDRESS	300 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KAUFMAN, JULES P	
STREET ADDRESS	300 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice-President, Taxation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Steven R. Belasco	
13 STREET ADDRESS	300 Park Avenue, New York, NY 10022	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 13 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven R. Belasco* DATE: *1/24/96* (R12) 310-2114

CR2E034 (12/95)