

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 10022-7402**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/24/1976</b>		3a. Date of Last Report <b>02/05/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0752468</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COOLING, WILLIAM G <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVE.	1.2 NAME	Vice-President, Taxation
STREET ADDRESS	NEW YORK NY 10022	1.3 STREET ADDRESS	Steven R. Belasco
CITY-ST-ZIP	VD HENDRY, ANDREW D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	300 Park Avenue, NY NY 10022
TITLE	300 PARK AVE.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW YORK NY 10022	2.2 NAME	
STREET ADDRESS	VD AGATE, ROBERT M <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	300 PARK AVENUE	2.4 CITY-ST-ZIP	
TITLE	NEW YORK NY 10022	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MANTEL, JOAN L <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	300 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	AS GILLMAN, NINA D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVE.	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	4.3 STREET ADDRESS	
CITY-ST-ZIP	AS KAUFMAN, JULES P <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	300 PARK AVE.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW YORK NY 10022	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:  **Steven R. Belasco** 1/22/97 212-310-2114  
VP-Taxation

CR2E034 (9/96)