


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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>02/24/1976</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-0752468</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	<b>FL</b>
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 signature required when reinstating) 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

1.1 TITLE	Vice President, Taxation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven R. Belasco	
1.3 STREET ADDRESS	300 Park Avenue	
1.4 CITY - ST - ZIP	New York, NY 10022	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

Steven R. Belasco 1/9/98 (212)310-2114  
 Vice President, Taxation

CR2E034 (10/97)