

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803990

FILED
Apr 07, 2009
Secretary of State

Entity Name: NESTLE PURINA PETCARE COMPANY

Current Principal Place of Business:

CHECKERBOARD SQUARE
INCOME TAX-1C
ST. LOUIS, MO 63164 US

New Principal Place of Business:

Current Mailing Address:

CHECKERBOARD SQUARE
INCOME TAX-1C
ST. LOUIS, MO 63164 US

New Mailing Address:

FEI Number: 43-0470580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGINNIS, WP
Address: CHECKERBOARD SQUARE
City-St-Zip: ST LOUIS, MO 63164

Title: VD () Delete
Name: FOSTER, R.A.
Address: CHECKERBOARD SQUARE
City-St-Zip: ST LOUIS, MO 63164

Title: T () Delete
Name: GOSLINE, DW
Address: 800 N BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

Title: AS () Delete
Name: DENIGAN, S M
Address: CHECKERBOARD SQUARE
City-St-Zip: SAINT LOUIS, MO 63164

Title: AT () Delete
Name: BRODIE, LINDA
Address: 800 N BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WP,
Address: CHECKERBOARD SQUARE
City-St-Zip: ST. LOUIS, MO 63164 US

Title: V (X) Change () Addition
Name: R.A.,
Address: CHECKERBOARD SQUARE
City-St-Zip: ST. LOUIS, MO 63164 US

Title: T (X) Change () Addition
Name: DW,
Address: 800 N BRAND BLVD
City-St-Zip: GLENDALE, CA 91203 US

Title: S (X) Change () Addition
Name: SUSAN M,
Address: CHECKERBOARD SQUARE
City-St-Zip: ST. LOUIS, MO 63164 US

Title: V (X) Change () Addition
Name: MICHAEL,
Address: CHECKERBOARD SQUARE
City-St-Zip: ST. LOUIS, MO 63164 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: R.A. FOSTER

V

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date