

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90013 003 \*\*\*150.00

**DOCUMENT # 805482**  
 1. Entity Name  
**COLGATE-PALMOLIVE COMPANY**



Principal Place of Business  
**300 PARK AVENUE  
 NEW YORK, NY 10022**

Mailing Address  
**300 PARK AVENUE  
 TAX DEPT. 14TH FLOOR  
 NEW YORK, NY 10022**

**54007448**



02062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-1815595</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANAHAN, WILLIAM 300 PARK AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELASCO, STEVEN R 300 PARK AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FILUSCH, EDWARD 300 PARK AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PATRICK, STEPHEN C 300 PARK AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKEY, DENNIS J 300 PARK AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENDRY, ANDREW D 300 PARK AVE. NEW YORK, NY 10022

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Steven R. Belasco* **Steven R. Belasco** 2/13/04 212-310-3037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #