


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00

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

1100000227432
 02/12/05-80056-010 150.00

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

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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** 2/8/2005 (212) 310-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #