

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005141

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** TUPPERWARE BRANDS CHARITABLE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

14901 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14901 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 55-0824285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: ROEHLK, THOMAS M  
Address: 14901 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

Title: DVP  
Name: POTESHMAN, MICHAEL  
Address: 14901 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

Title: DTVP  
Name: HAJEK, JOSEF  
Address: 14901 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

Title: D  
Name: GARCIA, LILLIAN  
Address: 14901 S. ORANGE BLOSSOM TR.  
City-St-Zip: ORLANDO, FL 32837

Title: VP  
Name: LONDONO, YOLANDA  
Address: 14901 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /S/ YOLANDA LONDONO

VP

02/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date