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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001931 (5)**  
1. Corporation Name  
**COLGATE ORAL PHARMACEUTICALS, INC.**

Principal Place of Business      Mailing Address  
**ONE COLGATE WAY      ONE COLGATE WAY**  
**CANTON MA 02021      CANTON MA 02021**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/22/1993      04/04/1994**

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

4. FEI Number      Applied For  
**22-3224729**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Election Campaign Financing      \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes      Yes      No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      B5 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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reconstituting)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>VINKE, NICHOLAS J</b>
STREET ADDRESS	<b>300 PARK AVE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>VD</b>
NAME	<b>HENDRY, ANDREW D</b>
STREET ADDRESS	<b>300 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10022</b>
TITLE	<b>V</b>
NAME	<b>GILLMAN, NINA D</b>
STREET ADDRESS	<b>300 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10022</b>
TITLE	<b>T</b>
NAME	<b>RUSSO, ROBERT</b>
STREET ADDRESS	<b>300 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10022</b>
TITLE	<b>S</b>
NAME	<b>KAUFMAN, JULES P</b>
STREET ADDRESS	<b>300 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10022</b>
TITLE	<b>D</b>
NAME	<b>AGATE, ROBERT M</b>
STREET ADDRESS	<b>300 PARK AVENUE</b>
CITY - ST - ZIP	<b>NEW YORK NY 10022</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *Robert Russo*      **ROBERT RUSSO**      6/7/95      617-921-2861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number