

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000001931 (5)

1. Corporation Name
 COLGATE ORAL PHARMACEUTICALS, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-3224729	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P VINKE, NICHOLAS J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVE	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HENDRY, ANDREW D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVENUE	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V GILLMAN, NINA D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVENUE	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T RUSSO, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVENUE	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S KAUFMAN, JULES P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 PARK AVENUE	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D AGATE, ROBERT M	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 PARK AVENUE	6.2 NAME	Director
STREET ADDRESS	NEW YORK NY 10022	6.3 STREET ADDRESS	Stephen Patrick
CITY-ST-ZIP		6.4 CITY-ST-ZIP	300 Park Avenue
			New York, NY 10022

14. 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 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 7/19/98 201 821 2000

CR2E034 (5/98)