


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90016 023 \*\*\*150.00


**DOCUMENT # F93000001931**  
 1. Entity Name  
**COLGATE ORAL PHARMACEUTICALS, INC.**



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



01232004      Chg-P      CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINKE, NICHOLAS J			NAME			
STREET ADDRESS	ONE COLGATE WAY			STREET ADDRESS			
CITY-ST-ZIP	CANTON, MA 02021			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRY, ANDREW D			NAME			
STREET ADDRESS	300 PARK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, THERESA			NAME			
STREET ADDRESS	ONE COLGATE WAY			STREET ADDRESS			
CITY-ST-ZIP	CANTON, MA 02021			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRICK, STEPHEN C			NAME			
STREET ADDRESS	300 PARK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERAFINO, JAMES			NAME			
STREET ADDRESS	300 PARK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRITY, JILL			NAME			
STREET ADDRESS	ONE COLGATE WAY			STREET ADDRESS			
CITY-ST-ZIP	CANTON, MA 02021			CITY-ST-ZIP			

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:** *Theresa Lawrence*      **1/27/04**      **(781) 821-2880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment  
24005528  
793000001931

**COLGATE ORAL PHARMACEUTICALS, INC**  
**Directors, Officers Report**

**DIRECTORS**

Andrew D. Hendry  
300 Park Avenue  
New York NY 10022

Stephen C. Patrick  
300 Park Avenue  
New York NY 10022

Ian M. Cook  
300 Park Avenue  
New York NY 10022

**OFFICERS**

J. Nicholas Vinke President  
One Colgate Way  
Canton MA 02021

Edward J. Filusch Treasurer  
300 Park Avenue  
New York NY 10022

Andrew D. Hendry Vice President  
300 Park Avenue  
New York NY 10022

Nina D. Gillman Assistant Secretary  
300 Park Avenue  
New York NY 10022

Theresa Lawrence Vice President  
One Colgate Way  
Canton MA 02021

Stephen C. Patrick Vice President  
300 Park Avenue  
New York NY 10022

Jill Garrity Vice President  
One Colgate Way  
Canton MA 02021