


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90036 015 \*\*\*150.00

**DOCUMENT # F93000001931**

1. Entity Name  
**COLGATE ORAL PHARMACEUTICALS, INC.**



Principal Place of Business      Mailing Address

**ATTN: TAX DEPT. MARLENE NEGRON, PK-14**      **ATTN: TAX DEPT. MARLENE NEGRON, PK-14**  
**300 PARK AVE.**      **300 PARK AVE.**  
**NEW YORK, NY 10022**      **NEW YORK, NY 10022**

40017562



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01232007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**22-3224729**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HARRISON, SUZAN</b> <b>300 PARK AVENUE</b> <b>NEW YORK, NY 10032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HENDRY, ANDREW D</b> <b>300 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>LAWRENCE, THERESA</b> <b>ONE COLGATE WAY</b> <b>CANTON, MA 02021</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>PATRICK, STEPHEN C</b> <b>300 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>EREZUEMA, HEDOR I</b> <b>300 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Lawrence, Theresa</b> <b>300 Park Ave</b> <b>New York, NY 10022</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Edward J. Filusch</b> <b>300 Park Ave</b> <b>New York, NY 10022</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward J. Filusch      Date: 2/3/07      Distinguishing Phone #: 212-310-2145

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

Edward J. Filusch      Treasurer

**ATTACHMENT**

40017562

#F93000001931

**Colgate-Oral Pharmaceuticals, Inc.  
Directors and Officers Report 2007**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Ian M. Cook	Director	300 Park Avenue New York, NY 10022
Stephen C. Patrick	Director & Vice President	300 Park Avenue New York, NY 10022
Andrew D. Hendry	Director & Vice-President	300 Park Avenue New York, NY 10022
Vacant	President	300 Park Avenue New York, NY 10022
Jill Garrity	Vice-President	300 Park Avenue New York, NY 10022
Theresa Lawrence	Vice-President & Assistant Treasurer	300 Park Avenue New York, NY 10022
Edward J. Filusch	Vice-President & Treasurer	300 Park Avenue New York, NY 10022
Nina D. Gillman	Vice-President & Secretary	300 Park Avenue New York, NY 10022