

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 004 \*\*\*150.00



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

Principal Place of Business Mailing Address  
 ATTN: TAX DEPT. PK-14 ATTN: TAX DEPT. PK-14  
 300 PARK AVE. 300 PARK AVE.  
 NEW YORK NY 10022 NEW YORK NY 10022



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FE# Number 22-3224729 Applied For Not Applicable

Zip Country Zip Country

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 coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, SUZAN	
STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10032	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HENDRY, ANDREW D	
STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, THERESA	
STREET ADDRESS	300 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATRICK, STEPHEN C	
STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	T	<input type="checkbox"/> Delete
NAME	FILUSCH, EDWARD J	
STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA HOPKINS	
STREET ADDRESS	300 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC GULKIS	
STREET ADDRESS	300 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANM.COOK	
STREET ADDRESS	300 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINA D. GILLMAN	
STREET ADDRESS	300 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 212-310-2233  
 Date Daytime Filing #