

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001931

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: COLGATE ORAL PHARMACEUTICALS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

300 PARK AVE.  
NEW YORK, NY 10022

## Current Mailing Address:

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

## New Mailing Address:

300 PARK AVE.  
PK14  
NEW YORK, NY 10022

FEI Number: 22-3224729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOPKINS, SHEILA  
Address: 300 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10032

Title: VP ( ) Delete  
Name: HENDRY, ANDREW D  
Address: 300 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: VP ( ) Delete  
Name: PATRICK, STEPHEN C  
Address: 300 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: T ( ) Delete  
Name: FILUSCH, EDWARD J  
Address: 300 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: V ( ) Delete  
Name: GULKIS, ERIC  
Address: 300 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GULKIS, ERIC  
Address: 300 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J FILUSCH

T

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date