

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001931

FILED
Mar 24, 2010
Secretary of State

Entity Name: COLGATE ORAL PHARMACEUTICALS, INC.

Current Principal Place of Business:

300 PARK AVE.
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

300 PARK AVE.
PK14
NEW YORK, NY 10022

New Mailing Address:

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: PRES
Name: HOPKINS, SHEILA
Address: 300 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

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

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

Title: TREA
Name: PAIK, ELAINE
Address: 300 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VP
Name: GULKIS, ERIC
Address: 300 PARK AVE
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: ELAINE PAIK

_____ Electronic Signature of Signing Officer or Director

TREA

03/24/2010

_____ Date