

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001931

FILED  
Apr 15, 2011  
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

**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: HICKEY, DENNIS J  
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: SEC  
Name: RAMUNDO, KATHERINE H  
Address: 300 PARK AVENUE  
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

04/15/2011

\_\_\_\_\_ Date