

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY - 1 PM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Gloria F. McMan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002255 (7)

1. Corporation Name

CHURCH & DWIGHT CO., INC.

Principal Place of Business

469 NORTH HARRISON STREET
PRINCETON NJ 08543-5297

Mailing Address

469 NORTH HARRISON STREET
PRINCETON NJ 08543-5297

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

13-4996950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PC

NAME

MINTON, DWIGHT C

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

V

NAME

DEASEY, ANTHONY P

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

S

NAME

BILAWSKY, MARK A

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

T

NAME

PICKUS, MARTIN A

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

PHYERS, DEAN P

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

D

NAME

BECKLEAN, WILLIAM R

STREET ADDRESS

469 NORTH HARRISON STREET

CITY - ST - ZIP

PRINCETON NJ 08543-5297

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark A. Bilawsky Vice President and Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE