

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002255 (7)**

1. Corporation Name

CHURCH & DWIGHT CO., INC.



Principal Place of Business

Mailing Address

469 NORTH HARRISON STREET
PRINCETON NJ 08543-5297

469 NORTH HARRISON STREET
PRINCETON NJ 08543-5297

3. Date Incorporated or Qualified 05/02/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 13-4996950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PC	<input type="checkbox"/> DELETE
NAME	MINTON, DWIGHT C	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEASEY, ANTHONY P	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BILAWSKY, MARK A	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PICKUS, MARTIN A	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHYPERS, DEAN P	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKLEAN, WILLIAM R	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Minton, Dwight C.	
1.3 STREET ADDRESS	469 N. Harrison St.	
1.4 CITY-ST-ZIP	Princeton, NJ 08543-5297	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ewert, Zvi	
2.3 STREET ADDRESS	469 N. Harrison St.	
2.4 CITY-ST-ZIP	Princeton, NJ 08543-5297	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Davies	
3.3 STREET ADDRESS	469 N. Harrison St.	
3.4 CITY-ST-ZIP	Princeton, NJ 08543-5297	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____
Daytime Phone #: (609) 683-3700 PA

CR2E034 (12/95)