

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 08540-3510
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	30 Country

3. Date Incorporated or Qualified 05/02/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 13-4996950	Applied For <input type="checkbox"/> 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	

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
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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	MINTON, DWIGHT C.	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EIRET, ZVI	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BILAWSKY, MARK A	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ 08543-5297	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERT DAVIES	
STREET ADDRESS	469 NORTH HARRISON STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHYPPERS, 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter J. ...* 4/30/97 469 N HARRISON ST

CR2E034 (9/96)