

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

000320

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90113 027 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002255**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1994</b>	
21	26	4. FEI Number <b>13-4996950</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	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
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]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PHYERS, 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE #: (609) 683-3900

CR2E034 (11/98)