


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002255	
1. Entity 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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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4996950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000156320
 05/05/04-80089-237 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEGETT, JOHN D III 469 NORTH HARRISON STREET PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EIRET, ZVI 469 NORTH HARRISON STREET PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BILAWSKY, MARK A 469 NORTH HARRISON STREET PRINCETON, NJ 085435297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERT DAVIES 469 NORTH HARRISON STREET PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECKLEAN, WILLIAM R 469 NORTH HARRISON STREET PRINCETON, NJ 085435297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FORSELL, ANDREW C 469 NORTH HARRISON STREET PRINCETON, NJ 085435297

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Andrew Forsell Andrew Forsell 4/27/04 (609) 683-7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #