


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90070 031 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40107370



04242007 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-4996950**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DR STE 4  
 WESTON, FL 33331**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, JOHN D III 469 NORTH HARRISON STREET PRINCETON, NJ 08543	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EIRET, ZVI 469 NORTH HARRISON STREET PRINCETON, NJ	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULDY, SUSAN E 469 NORTH HARRISON STREET PRINCETON, NJ 085435297	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAIGIE, JAMES R 469 NORTH HARRISON STREET PRINCETON, NJ	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAMAN, JR, J. RICHARD 469 NORTH HARRISON STREET PRINCETON, NJ 085435297	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORSELL, ANDREW C 469 NORTH HARRISON STREET PRINCETON, NJ 085435297	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR ROSINA DIXON 469 N. HARRISON ST. PRINCETON NJ 08540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW FARRELL 469 N. HARRISON ST. PRINCETON, NJ 08540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN GOLDY 469 N. HARRISON ST. PRINCETON NJ 08540	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES CRAIG 469 N. HARRISON ST. PRINCETON, NJ 08540	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GARY WALKER 469 N. HARRISON ST. PRINCETON NJ 08540	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary Walker* **GARY WALKER** 4/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Phone #