

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002255

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: CHURCH & DWIGHT CO., INC.

**Current Principal Place of Business:**

469 NORTH HARRISON STREET  
PRINCETON, NJ 085435297

**New Principal Place of Business:**

**Current Mailing Address:**

469 NORTH HARRISON STREET  
PRINCETON, NJ 085435297

**New Mailing Address:**

FEI Number: 13-4996950      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIXON, ROSSNA DR  
Address: 460 N HARRISON ST.  
City-St-Zip: PRINCETON, NJ 08540

Title: V ( ) Delete  
Name: FARRELL, MATTHEW  
Address: 469 N. HARRISON ST.  
City-St-Zip: PRINCETON, NJ 08540

Title: S ( ) Delete  
Name: GOLDY, SUSAN  
Address: 469 NORTH HARRISON STREET  
City-St-Zip: PRINCETON, NJ 085435297

Title: P ( ) Delete  
Name: GRAIGIE, JAMES R  
Address: 469 NORTH HARRISON STREET  
City-St-Zip: PRINCETON, NJ 08540

Title: D ( ) Delete  
Name: LEAMAN, JR, J. RICHARD  
Address: 469 NORTH HARRISON STREET  
City-St-Zip: PRINCETON, NJ 085435297

Title: V ( ) Delete  
Name: THOMAS, MULKEEN  
Address: 469 NORTH HARRISON STREET  
City-St-Zip: PRINCETON, NJ 085435297

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MULKEEN

VP

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date