

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001800

Entity Name: JOHNSON DIVERSEY, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

8310 16TH ST. MS 611
STURTEVANT, WI 53177 US

New Principal Place of Business:

Current Mailing Address:

8310 16TH ST. MS 510
STURTEVANT, WI 53177 US

New Mailing Address:

FEI Number: 39-1877511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: JOHNSON, S. CURTIS
Address: 8310 16TH ST.
City-St-Zip: STURTEVANT, WI 53177

Title: D () Delete
Name: NOTTLESON, NEAL R
Address: 3643 KASPER STREET
City-St-Zip: RACINE, WI 53402

Title: D () Delete
Name: ESTEVES, IRENE M
Address: 135 MARLBOROUGH STREET
City-St-Zip: BOSTON, MA 02116

Title: O () Delete
Name: BRANDES, JOANNE
Address: 8310 16TH ST.
City-St-Zip: STURTEVANT, WI 53177

Title: D () Delete
Name: HOWE, ROBERT M
Address: 140 BROADWAY
City-St-Zip: NEW YORK, NY 10005

Title: D () Delete
Name: BROWN, TODD C
Address: 7054 SOUTH JEFFERY BOULEVARD
City-St-Zip: CHICAGO, IL 60649

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: JOANNE BRANDES

SECY

04/28/2006

Electronic Signature of Signing Officer or Director

Date