


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001836
 1. Entity Name
 RAYOVAC CORPORATION



Principal Place of Business Mailing Address
 Six Concourse Pkwy Suite 3300
 Suite 3300
 Atlanta, GA 30328 Atlanta, GA 30328

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)
 4. FEI Number 22-2423556 Applied For Not Applicable
 5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN0000298749
 04/05/05-80022-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	JONES, DAVID A
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960
TITLE	PCOO
NAME	HUSSEY, KENT J
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960
TITLE	D
NAME	STEWART, RANDALL
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960
TITLE	D
NAME	TOMLIN, MERRELL M
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960
TITLE	D
NAME	SHANESY, STEPHEN P
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960
TITLE	EVP
NAME	BUREL, REMY
STREET ADDRESS	601 RAYOVAC DR.
CITY-ST-ZIP	MADISON, WI 537444960

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/29/05
 Daytime Phone #: 770-829-6300