

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sinora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14946** (8)

1. Corporation Name
BENCKISER CONSUMER PRODUCTS INC.



Principal Place of Business: **55 FEDERAL ROAD P O BOX 1991 DANBURY CT 06813-1991**
Mailing Address: **55 FEDERAL ROAD P O BOX 1991 DANBURY CT 06813-1991**

3. Date Incorporated or Qualified: **06/23/1987** 3a. Date of Last Report: **01/18/1995**
4. FEI Number: **41-1585661** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEYER, DOUGLAS L	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	J. SCOTT BOHLING	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT 06813	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARBARA TAYLOR	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODS, LAWRENCE M	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEONI-SCETI, ELIO	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LONG, NATHAN	
STREET ADDRESS	55 FEDERAL ROAD	
CITY-STATE-ZIP	DANBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Treasurer
7. STREET ADDRESS	JEFF CARR
8. CITY-STATE-ZIP	55 Federal Road
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	5.00001726175
11. STREET ADDRESS	-02/28/96--01015--009
12. CITY-STATE-ZIP	***200.00
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Vice President
19. STREET ADDRESS	Ken Hawver
20. CITY-STATE-ZIP	55 Federal Road
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Carr

2/15/96

017-96 50