

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90002 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P1496  
 1. Corporation Name  
 BENCKISER CONSUMER PRODUCTS, INC.

Principal Place of Business GREENWICH AMERICAN CENTRE FIVE AMERICAN LANE P.O. BOX 2513 GREENWICH, CT 06831-2513	Mailing Address GREENWICH AMERICAN CENTRE FIVE AMERICAN LANE P.O. BOX 2513 GREENWICH, CT 06831-2513
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 26 27 28 29 30 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 06/23/1987	4. FEI Number 41-1585661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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  
 84 City  
 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEYER, DOUGLAS L FIVE AMERICAN LANE GREENWICH, CT 06831 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARR, JEFF FIVE AMERICAN LANE GREENWICH, CT 06831 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TAYLOR, BARBARA FIVE AMERICAN LANE GREENWICH, CT 06831 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WOODS, LAWRENCE FIVE AMERICAN LANE GREENWICH, CT 06831 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEEKES, JOHN FIVE AMERICAN LANE GREENWICH, CT 06831 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PLEASE SEE ATTACHED LIST FOR DIRECTORS
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

547739-90002-7  
P 1496

**Benckiser Consumer Products, Inc.**

FEIN: 41-1585661

**Officers**

<b>Douglas L. Meyer</b> 5 American Lane Greenwich, CT 06831	President
<b>Barbara M. Taylor</b> 5 American Lane Greenwich, CT 06831	Vice President, Human Resources, Secretary
<del><b>John Weekes</b> 5 American Lane Greenwich, CT 06831</del>	<del>Vice President, Operations</del>
<b>Lawrence M. Woods</b> 5 American Lane Greenwich, CT 06831	Vice President, Sales
<b>Jeff Carr</b> 5 American Lane Greenwich, CT 06831	Vice President, Finance, Treasurer

**Directors**

**Bart Becht**  
Joh. A. Benckiser GmbH  
Ludwig-Betram-Strasse 8 & 10  
Postfach 210167  
D6700 Ludwigshafen  
Germany

**Peter Harf**  
Joh. A. Benckiser GmbH  
Ludwig-Betram-Strasse 8 & 10  
Postfach 210167  
D6700 Ludwigshafen  
Germany

**Manfred Klein**  
Joh. A. Benckiser GmbH  
Ludwig-Betram-Strasse 8 & 10  
Postfach 210167  
D6700 Ludwigshafen  
Germany