

T95000000488

Kasimira C. Verdi
The Clorox Company
(Requestor's Name)
P.O. Box 24305
(Address)
Oakland, CA 94623-1305
(City/State, Zip) (Phone #)

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*****87.50 *****87.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
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☐ Certificate of Status

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T95-488

Name	Availability	
Document Examiner	GSH	
Updater	GSH	
Updater Verifier	GSH	
Acknowledgement	GSH	
W. P. Verifier	GSH	

Examiner's Initials

Florida Department of State, Sandra R. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom
acknowledgement should be sent:

Stephen M. Wentbrook

The Clorox Company

1221 Broadway, 23rd Floor, Oakland, CA 94612

(510) 271-7296

Daytime Telephone number

PART I

1. (a) Applicant's name: The Clorox Company

(b) Applicant's business address: 1221 Broadway

Oakland, CA

Zip:

94612

(c) Applicant's telephone number: (510) 271-7000

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: P11569

(2) Federal Employer Identification Number: 31-0595760

(3) Domicile State: Delaware

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

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(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)

All purpose cleaner, degreaser.

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

The mark is applied to labels affixed to bottles of the product.

(Continued)

(d) The class(es) in which goods or services fall:

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: At least as early as September, 1957

(b) Date first used in Florida: December, 1971

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

409

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, Karen A. Peeff, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Karen A. Peeff, Assistant Secretary

Typed or printed name of applicant

Karen A. Peeff
Applicant's signature or authorized person's signature
(List name and title)

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19 _____, SEE ATTACHMENT
personally appeared before me,

☐ who is personally known to me
☐ whose identity I proved on the basis of _____

Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: _____

FEE: \$87.50 per class

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

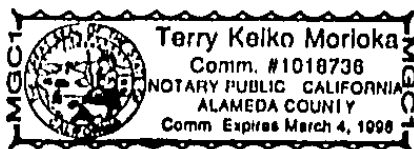
State of California

County of Alameda

On March 16, 1995, before me, Terry Keiko Morioka, Notary Public, personally appeared
Karen A. Peeff

☐ personally known to me - OR -

☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Terry Keiko Morioka
Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

☐ INDIVIDUAL

☒ CORPORATE OFFICER

TITLE(S): Assistant Secretary

☐ PARTNER(S) ☐ Limited
☐ General

☐ ATTORNEY-IN-FACT

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER:

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document:

APPLICATION FOR THE REGISTRATION
OF A TRADEMARK OR SERVICE MARK

Date of Document: None

Number of Pages: 4

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies): The Clorox Company



Specimen for Trademark Application

Applicant: The Clorox Company
Mark: 409