

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005141

Entity Name: TUPPERWARE BRANDS CHARITABLE FOUNDATION
INCORPORATED**FILED**
Jan 24, 2014
Secretary of State
CC5316706241**Current Principal Place of Business:**14901 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**Current Mailing Address:**14901 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**FEI Number: 55-0824285****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PD
Name	GARCIA, LILLIAN
Address	14901 S. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	SD
Name	HAJEK, JOSEF
Address	14901 S. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	TDEVP
Name	POTESHMAN, MICHAEL S
Address	14901 S. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	VPD
Name	LONDONO, YOLANDA
Address	14901 S. ORANGE BLOSSOM TR.
City-State-Zip:	ORLANDO FL 32837

Title	MGRD
Name	BERBERENA, RAQUEL
Address	14901 S. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	EVPSD
Name	ROEHLK, THOMAS M
Address	14901 S. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAQUEL BERBERENA**OPERATIONS DIRECTOR 01/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date