

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805482

FILED
Apr 08, 2016
Secretary of State
CC2363245264

Entity Name: COLGATE-PALMOLIVE COMPANY

Current Principal Place of Business:

C/O COLGATE-PALMOLIVE COMPANY
300 PARK AVENUE
NEW YORK, NY 10022

Current Mailing Address:

C/O COLGATE-PALMOLIVE COMPANY
300 PARK AVENUE
NEW YORK, NY 10022 US

FEI Number: 13-1815595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. 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 | DIRECTOR | Title | PRESIDENT, DIRECTOR |
| Name | CAHILL, JOHN T. | Name | COOK, IAN |
| Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE |
| City-State-Zip: | NEW YORK NY 10022 | City-State-Zip: | NEW YORK NY 10022 |
| | | | |
| Title | SECRETARY | Title | DIRECTOR |
| Name | DANIELS, JENNIFER M. | Name | GAYLE, HELENE D. |
| Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE |
| City-State-Zip: | NEW YORK NY 10022 | City-State-Zip: | NEW YORK NY 10022 |
| | | | |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | HANCOCK, ELLEN M. | Name | JIMENEZ, JOSEPH |
| Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE |
| City-State-Zip: | NEW YORK NY 10022 | City-State-Zip: | NEW YORK NY 10022 |
| | | | |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | KOGAN, RICHARD J. | Name | LEWIS, DELANO E. |
| Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | Address | C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE |
| City-State-Zip: | NEW YORK NY 10022 | City-State-Zip: | NEW YORK NY 10022 |

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

SIGNATURE: ELAINE C. PAIK

TREASURER

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name PAIK, ELAINE C.
Address C/O COLGATE-PALMOLIVE COMPANY
 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name REINHARD, J. PEDRO
Address C/O COLGATE-PALMOLIVE COMPANY
 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name SADOVE, STEPHEN I.
Address C/O COLGATE-PALMOLIVE COMPANY
 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022