

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001931

**Entity Name:** COLGATE ORAL PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

300 PARK AVENUE  
NEW YORK, NY 10022

**Current Mailing Address:**

300 PARK AVENUE  
NEW YORK, NY 10022 US

**FEI Number: 22-3224729**

**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            PRESIDENT  
Name            CARVAJAL, MARIA ELISA  
Address        300 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            VP, DIRECTOR  
Name            WALLACE, NOEL  
Address        300 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR, VP, SECRETARY  
Name            WILKINS, CLIFFORD  
Address        300 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            VP, TREASURER, DIRECTOR  
Name            CONBOY, STEPHEN  
Address        300 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

*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: STEPHEN CONBOY**

**VICE  
PRESIDENT/TREASURER/  
DIRECTOR**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date