

2017 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 DIRECTOR
Name HUTCHINSON, KRISTINE
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name HICKEY, DENNIS J.
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED SIGNER
Name PAIK, ELAINE C.
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED SIGNER
Name HEIMBURGER, BARBARA
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title PRESIDENT
Name RAO, REKHA
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name WILLIAMS, COURTNEY
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name DANIELS, JENNIFER M.
Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022

Title TREASURER
Name ROBINSON, STANLEY
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: ELAINE C. PAIK

AUTHORIZED SIGNER

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date