## 2024 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

**FILED** Apr 30, 2024

**Secretary of State** 

2405419482CC

Officer/Director Detail :

Title Title DIRECTOR

VERNAZA, JUAN G. Name Name NORDENGAARD, JESPER

300 PARK AVENUE 300 PARK AVENUE Address Address City-State-Zip: NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip:

VΡ Title Title DIRECTOR

Name CAIN, SCOTT Name FLEURY, MATHILDE

Address 300 PARK AVENUE Address 300 PARK AVENUE NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022 City-State-Zip:

Title DIRECTOR **VICE PRESIDENT & SECRETARY** Title

Name WILLIAMS, COURTNEY WILLIAMS, COURTNEY Name Address 300 PARK AVENUE 300 PARK AVENUE Address

City-State-Zip: NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip:

Title VICE PRESIDENT & TREASURER Title **PRESIDENT** 

Name YOU, KWANG-SIK REICHGOTT, BARRY Name 300 PARK AVENUE Address 300 PARK AVENUE Address City-State-Zip: NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip:

Continues on page 2

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.

04/30/2024 SIGNATURE: SCOTT CAIN VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP

Name NORDENGAARD, JESPER

Address 300 PARK AVENUE
City-State-Zip: NEW YORK NY 10022