## 2018 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

Date

FILED Apr 04, 2018

**Secretary of State** 

CC2010419350

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

NameZAMORANO, JUAN PABLONameLIONNET, STEPHANEAddress300 PARK AVENUEAddress300 PARK AVENUECity-State-Zip:NEW YORK NY 10022City-State-Zip:NEW YORK NY 10022

Title DIRECTOR Title VICE PRESIDENT / TREASURER

NameWILLIAMS, COURTNEYNameMOSHIDI, TSHEPISOAddress300 PARK AVENUEAddress300 PARK AVENUECity-State-Zip:NEW YORK NY 10022City-State-Zip:NEW YORK NY 10022

Title PRESIDENT Title VP

Electronic Signature of Signing Officer/Director Detail

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

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

Title SECRETARY

Name WILLIAMS, COURTNEY
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: COURTNEY WILLIAMS VICE PRESIDENT 04/04/2018