

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002255

**Entity Name:** CHURCH & DWIGHT CO., INC.

**Current Principal Place of Business:**

500 CHARLES EWING BLVD  
EWING, NJ 08628

**Current Mailing Address:**

500 CHARLES EWING BLVD  
EWING, NJ 08628 US

**FEI Number:** 13-4996950

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
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            FARRELL, MATTHEW  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

Title            SECRETARY  
Name            DE MAYNADIER, PATRICK  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

Title            CHAIRMAN  
Name            CRAIGIE, JAMES R  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

Title            DIRECTOR  
Name            LE BLANC, ROBERT D  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

Title            VP  
Name            THOMAS, MULKEEN  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

Title            VP  
Name            DIERKER, RICK  
Address        500 CHARLES EWING BLVD  
City-State-Zip: EWING NJ 08628

*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:** THOMAS MULKEEN

**VP OF TAX**

**03/25/2019**

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

\_\_\_\_\_  
Date