## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 497317**

1. Entity Name PET CHEMICALS, INC.



**FILED** Feb 14, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O COLGATE-PALMOLIVE CO.

COMPANY TAX DEPT, 14TH FL-300 PARK AVE NEW YORK, NY 10022

Mailing Address

C/O COLGATE-PALMOLIVE CO. COMPANY TAX DEPT, 14TH FL-300 PARK AVE NEW YORK, NY 10022



## DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) No Chg-P 02022005 4. FEI Number Applied For 59-0752468 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

			114	THIO OF ACE
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDRY, ANDREW D 300 PARK AVE. NEW YORK, NY 10022			U00000229151 02/14/05-80067-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANTEL, JOAN L 300 PARK AVE. NEW YORK, NY 10022	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GILLMAN, NINA D 300 PARK AVE. NEW YORK, NY 10022		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KAUFMAN, JULES P 300 PARK AVE. NEW YORK, NY 10022		IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP	V BELASCO, STEVEN R 300 PARK AVE NEW YORK, NY 10022			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with ameddress, with all other like empowered.				

STEVENR. Belasco