

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 047 ***150.00

DOCUMENT # 805482
 1. Entity Name
 COLGATE-PALMOLIVE COMPANY



Principal Place of Business: 300 PARK AVENUE, NEW YORK, NY 10022
 Mailing Address: 300 PARK AVENUE, TAX DEPT. 14TH FLOOR, NEW YORK, NY 10022

50005728

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



02152006 Chg-P CR2E034 (11/05)

4. FEI Number: 13-1815595
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: SHANAHAN, WILLIAM STREET ADDRESS: 300 PARK AVE CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE: V NAME: BELASCO, STEVEN R STREET ADDRESS: 300 PARK AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE: T NAME: FILUSCH, EDWARD STREET ADDRESS: 300 PARK AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE: CFO NAME: PATRICK, STEPHEN C STREET ADDRESS: 300 PARK AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE: VP NAME: HICKEY, DENNIS J STREET ADDRESS: 300 PARK AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE: SVP NAME: HENDRY, ANDREW D STREET ADDRESS: 300 PARK AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Cook, Ian M. STREET ADDRESS: 300 Park Avenue CITY-ST-ZIP: New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: Eneuzuma, Hector I STREET ADDRESS: 300 Park Avenue CITY-ST-ZIP: New York, NY 10022	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* HECTOR I. ENEUZUMA 3/20/2006 (212) 310-9037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP-TAXATION Date Daytime Phone #