

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807478

1. Entity Name
THE GILLETTE COMPANY

Principal Place of Business
PRUDENTIAL TOWER BUILDING
BOSTON MA 02199

Mailing Address
PRUDENTIAL TOWER BUILDING
BOSTON MA 02199

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
CT 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.
SIGNATURE *Salvina Armenta-Gray* Spec. Asst. Secretary 12/11/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCGOWAN, JOHN M | |
| STREET ADDRESS | 4700 PRUDENTIAL TOWER BLDG. | |
| CITY-ST-ZIP | BOSTON, MA 02199 | |
| TITLE | CEO | <input checked="" type="checkbox"/> Delete |
| NAME | ZEIEN, ALFRED M. | |
| STREET ADDRESS | 4800 PRUDENTIAL TOWER BLDG | |
| CITY-ST-ZIP | BOSTON MA 02199 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | RICHARDSON, JILL C | |
| STREET ADDRESS | 4800 PRUDENTIAL TOWER BLDG. | |
| CITY-ST-ZIP | BOSTON MA 02199 | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | DICENSO, ROBERT E | |
| STREET ADDRESS | 4800 PRUDENTIAL TOWER BLDG | |
| CITY-ST-ZIP | BOSTON MA 02199 | |
| TITLE | SVPD | <input type="checkbox"/> Delete |
| NAME | CRAMB, CHARLES W | |
| STREET ADDRESS | 4800 PRUDENTIAL TOWER BLDG. | |
| CITY-ST-ZIP | BOSTON MA 02199 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Chairman of Board and CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael C. Hawley | |
| STREET ADDRESS | 4800 Prudential Tower Bldg. | |
| CITY-ST-ZIP | Boston, MA 02199 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William J. Mostyn III | |
| STREET ADDRESS | 4800 Prudential Tower Bldg. | |
| CITY-ST-ZIP | Boston, MA 02199 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Mostyn* William J. Mostyn, Secretary 10/10/00 (617) 421-8068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
00 DEC 12 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

4. FEI Number 04-1366970 Applied For Not Applied
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/00)