

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 815654 (9)

1. Corporation Name
ECOLAB INC.

Principal Place of Business

**TAX DEPARTMENT
ECOLAB CENTER
ST. PAUL MN 55102**

Mailing Address

**TAX DEPARTMENT
ECOLAB CENTER
ST. PAUL MN 55102**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1961

3a. Date of Last Report

04/19/1994

4. FEI Number

41-0231510

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GRIEVE, PIERSON M

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

TITLE

T

NAME

MILLSAP, JAMES, M

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

TITLE

V

NAME

FORSYTHE, JOHN G.

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

TITLE

S

NAME

IVERSON, KENNETH

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

TITLE

VC

NAME

SHANNON, MICHAEL

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

TITLE

SV

NAME

SCHUMAN, ALLAN L.

STREET ADDRESS

ECOLAB CENTER

CITY - ST - ZIP

ST. PAUL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PD

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John G. Forsythe*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

John G. Forsythe

**Vice President - Tax
and Public Affairs**

4/24/95

612-293-2849