

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 10/04/1961  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 41-0231510  
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. 199.032, Florida Statutes: Yes/No

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 (81-84) fields including Name, Street Address, City, and Zip Code (FL 85).

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] DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIEVE, PIERSON M	
STREET ADDRESS	ECOLAB CENTER	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLSAP, JAMES, M	
STREET ADDRESS	ECOLAB CENTER	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORSYTHE, JOHN G.	
STREET ADDRESS	ECOLAB CENTER	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IVERSON, KENNETH	
STREET ADDRESS	ECOLAB CENTER	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SHANNON, MICHAEL	
STREET ADDRESS	ECOLAB CENTER	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	P, D	<input type="checkbox"/> DELETE
NAME	Allan Schuman	
STREET ADDRESS	Ecoblab Center	
CITY - ST - ZIP	St Paul, MN 55102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T Steven Fritze
2.3 STREET ADDRESS	Ecoblab Center
2.4 CITY - ST - ZIP	St Paul, MN 55102
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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 return this report, Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President - Tax and Public Affairs

4-24-96 612-293-2849

CR2E034 (12/95)