

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1961		4. FEI Number 41-0231510		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Sulte, Apt. #, etc.	2a. Mailing Address 26 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24		25		29	
24		25		29	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRTZE, STEVEN	1.2 NAME	
STREET ADDRESS	ECOLAB CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FORSYTHE, JOHN G.	2.2 NAME	
STREET ADDRESS	ECOLAB CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S IVERSON, KENNETH	3.2 NAME	
STREET ADDRESS	ECOLAB CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC SHANNON, MICHAEL	4.2 NAME	
STREET ADDRESS	ECOLAB CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SCHUMAN, ALLAN	5.2 NAME	
STREET ADDRESS	ECOLAB CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or equal attachment with an address.

SIGNATURE: *[Signature]* **4-27-98** **012293-2849**

CP2E034 (10/97)