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

PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90108 048 ***150.00

DOCUMENT # 815654

1. Corporation Name
ECOLAB INC.

Principal Place of Business	*Mailing Address*
TAX DEPARTMENT ECOLAB CENTER ST. PAUL MN 55102	TAX DEPARTMENT ECOLAB CENTER ST. PAUL MN 55102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/04/1961

2. Principal Place of Business
Suite, Apt. #, etc. 27
City & State 28
Zip 25 Country

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 41-0231510 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRITZE, STEVEN		1.2 NAME		
STREET ADDRESS	ECOLAB CENTER		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	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	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	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	VC	☒ DELETE	4.1 TITLE	Exec. Vice Pres + CFO	☐ Change ☒ Addition
NAME	SHANNON, MICHAEL		4.2 NAME	L. White Matthews III	
STREET ADDRESS	ECOLAB CENTER		4.3 STREET ADDRESS	Ecolab Center	
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP	St. Paul, MN	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	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		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 [redacted] 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 [redacted]tes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like em[redacted]

SIGNATURE: X John M. Shumaker Jr. [redacted] 4/24/00 651-293-4053
SIGNATURE AND TYPED OR PRINTED NAME OF ENGWING OFFICER OR DIRECTOR — Date — Daytime Phone #