

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91307 012 ***150.00

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DOCUMENT # 815654

1. Entity 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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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-0231510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME FRITZE, STEVEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST PAUL MN	
TITLE NAME FORSYTHE, JOHN G.	<input type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST. PAUL MN	
TITLE NAME IVerson, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST. PAUL MN	
TITLE NAME EVC MATTHEWS, L W III	<input checked="" type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST. PAUL MN	
TITLE NAME PD SCHUMAN, ALLAN	<input type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST PAUL MN	
TITLE NAME PCEO DESCHAMPS, BRUNO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP SAINT PAUL MN 55102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME DANIEL Schmechel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ECOLAB CENTER	
CITY-ST-ZIP ST. PAUL, MN. 55102	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME EVC STEVEN FRITZE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ECOLAB INC	
CITY-ST-ZIP ST. PAUL, MN 55102	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-24-02** Daytime Phone #: **651-293-1053**

CR2E034 (9/01)