

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90146 045 ***150.00

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

4000



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0231510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T Assn
VANGSGARD, MARK KOF: A. Bruce
ECOLAB CENTER
SAINT PAUL, MN 55102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SRVP
FORSYTHE, JOHN G.
ECOLAB CENTER
ST. PAUL, MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BELL, LAWRENCE T
ECOLAB CENTER
SAINT PAUL, MN 55102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
FRITZE, STEVEN
ECOLAB CENTER
SAINT PAUL, MN 55102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOUGLAS, BAKER
ECOLAB CTR
SAINT PAUL, MN 55102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SR.VP.TAB 3-27-06 6512934053