2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 815654

1. Entity 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

03252008 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000878290
04/14/08-80048-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CORKREAN, JOHN
STREET ADDRESS	ECOLAB CENTER
CITY-ST-ZIP	SAINT PAUL, MN 55102
TITLE	V
NAME	JOHNSON, PATRICIA
STREET ADDRESS	ECOLAB CENTER
CITY-ST-ZIP	ST. PAUL, MN
TITLE	S
NAME	BELL, LAWRENCE T
STREET ADDRESS	ECOLAB CENTER
CITY-ST-ZIP	SAINT PAUL, MN 55102
TITLE	CFO
NAME	FRITZE, STEVEN
STREET ADDRESS	ECOLAB CENTER
CITY-ST-ZIP	SAINT PAUL, MN 55102
TITLE	PD
NAME	DOUGLAS, BAKER
STREET ADDRESS	ECOLAB CTR
CITY-ST-ZIP	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: Patricia A Johnson PATRICIA JOHNSON 3-25-08 651-293-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #