

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815654

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: ECOLAB INC.

**Current Principal Place of Business:**

370 WABASHA STREET NORTH  
ST. PAUL, MN 55102 US

**New Principal Place of Business:**

**Current Mailing Address:**

ASSISTANT SECRETARY  
370 WABASHA STREET NORTH  
ST. PAUL, MN 55102 US

**New Mailing Address:**

FEI Number: 41-0231510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CON.  
Name: CORKREAN, JOHN  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55102 US

Title: AS  
Name: DUVICK, DAVID  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: ST. PAUL, MN 55102 US

Title: SEC.  
Name: SEIFERT, JAMES J  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55102 US

Title: CFO  
Name: FRITZE, STEVEN  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55102 US

Title: CEO  
Name: BAKER, DOUGLAS  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55102 US

Title: AS  
Name: MCCORMICK, MICHAEL  
Address: 370 WABASHA STREET NORTH  
City-St-Zip: SAINT PAUL, MN 55102 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID DUVICK

AS

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date