

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817052

FILED
Mar 23, 2009
Secretary of State

Entity Name: TUPPERWARE HOME PARTIES CORPORATION

Current Principal Place of Business:

14901 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2353
ORLANDO, FL 328022353 US

New Mailing Address:

FEI Number: 95-2831671

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOINGS, EV
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL

Title: AS () Delete
Name: SLAPPEY, BRYAN J
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: VSD () Delete
Name: ROEHLK, THOMAS M
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: HAJEK, JOSEF
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL

Title: VT () Delete
Name: DAVIS, EDWARD R III
Address: 14901 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: HALVERSEN, DAVID T
Address: 14901 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRYAN J. SLAPPEY

AS

03/23/2009

Electronic Signature of Signing Officer or Director

Date