

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817052

FILED
Apr 12, 2010
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
Name: GOINGS, E.V.
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL

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

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

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

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

Title: VCFO
Name: POTESHMAN, MICHAEL S
Address: 14901 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

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: BRYAN J. SLAPPEY

AS

04/12/2010

Electronic Signature of Signing Officer or Director

_____ Date