
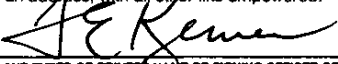


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90039 025 ****61.25

DOCUMENT # 848380 1. Entity Name THE IAMS COMPANY					
Principal Place of Business THE IAMS COMPANY PO BOX 599 DAYTON, OH 45414				Mailing Address THE IAMS COMPANY/ATTN: TAX DIV PO BOX 599 CINCINNATI, OH 45201	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, R.A. <input checked="" type="checkbox"/> Delete ONE PROCTOR + GAMBLE PLAZA CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Please see attached list of officers.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODWIN, JP <input checked="" type="checkbox"/> Delete ONE PROCTOR AND GAMBLE PL CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, CLAYTON JR <input checked="" type="checkbox"/> Delete PO BOX 599 CINCINNATI, OH 45201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEMAN, T.E. <input checked="" type="checkbox"/> Delete ONE PROCTOR AND GAMBLE PL CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEASE, R.G. <input checked="" type="checkbox"/> Delete PO BOX 599 CINCINNATI, OH 45201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 4/14/08 513-983-1611 </div> <small>Date Daytime Phone #</small>		

THE LAMS COMPANY
OFFICERS

ATTACHMENT 40072002
#848380

PRESIDENT	Susan E. Arnold	One Procter & Gamble Plaza	Cincinnati, OH 45202
VP – FINANCE (VP with Authority to Act in the Absence of the President)	Clayton C. Daley, Jr.	One Procter & Gamble Plaza	Cincinnati, OH 45202
VP & TREASURER	Jon R. Moeller	One Procter & Gamble Plaza	Cincinnati, OH 45202
VP & COMPTROLLER	Valarie L. Sheppard	One Procter & Gamble Plaza	Cincinnati, OH 45202
VICE PRESIDENTS	Richard L. Antoine	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Moheet Nagrath	One Procter & Gamble Plaza	Cincinnati, OH 45202
	James F. Prevost	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Daniel S. Rajczak	7250 Poe Avenue	Dayton, OH 45414
	Dennis W. Shuler	One Procter & Gamble Plaza	Cincinnati, OH 45202
	G. Gilbert Cloyd	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Richard A. Hughes	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Jeffrey D. Weedman	One Procter & Gamble Plaza	Cincinnati, OH 45202
VP ASS'T TREAS	J. Douglas Gerstle	One Procter & Gamble Plaza	Cincinnati, OH 45202
SECRETARY	E.J. Wunsch	One Procter & Gamble Plaza	Cincinnati, OH 45202
ASS'T SECRETARIES	Jay A. Ernst	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Tom E. Kemen	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Susan M. Shook	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Susan S. Felder	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Deborah K. Snellgrove	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Carl J. Roof	One Procter & Gamble Plaza	Cincinnati, OH 45202
	W. Stanley Morton	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Steven W. Miller	6083 Center Hill Ave.	Cincinnati, OH 45224
ASS'T TREASURER	Matthew E. West	One Procter & Gamble Plaza	Cincinnati, OH 45202
DIRECTORS	Susan E. Arnold	One Procter & Gamble Plaza	Cincinnati, OH 45202
	Clayton C. Daley, Jr.	One Procter & Gamble Plaza	Cincinnati, OH 45202

Expiration of Term of Office
October 14, 2008