2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# 850283

Entity Name: HENKEL CORPORATION

Current Principal Place of Business:

THE TRIAD #200, 2200 RENAISSANCE BLVD.
GULPH MILLS, PA 19406

New Principal Place of Business:

Current Mailing Address:

2200 RENAISSANCE BLVD.
THE TRIAD, STE. 200
KING OF PRUSSIA, PA 194062755 US

New Mailing Address:

FEI Number: 41-0957894 **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: S ( ) Delete
Name: GAGLIONE, GREGORY
Address: 2200 RENAISSANCE BLVD. SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

Title: VPT ( ) Delete
Name: RIPKA, JAMES E
Address: 2200 RENAISSANCE BLVD SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

Title: C ( ) Delete
Name: KRAUTTER, JOCHEN
Address: 2200 RENAISSANCE BLVD., SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

Title: PCFA ( ) Delete
Name: KNUDSON, JOHN E
Address: 2200 RENAISSANCE BLVD SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

Title: D ( ) Delete
Name: COLQUITT, JULIAN
Address: 1001 TROUT BROOK CROSSING
City-St-Zip: ROCKY HILL, CT 06067

Title: SVP ( ) Delete
Name: READ, WILLIAM B
Address: 2200 RENAISSANCE BLVD SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BERRY, PAUL
Address: 2200 RENAISSANCE BLVD. SUITE 200
City-St-Zip: GULPH MILLS, PA 19406

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

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

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

Title: ( ) Change ( ) Addition
Name:
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 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: PAUL R. BERRY S 04/05/2007

Electronic Signature of Signing Officer or Director — Date