

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90129 033 \*\*\*150.00

**DOCUMENT # 852543**

1. Entity Name

ANSELL HEALTHCARE PRODUCTS INC.

Principal Place of Business

P.O. BOX 1252  
 INDUSTRIAL RD.  
 DOTHAN AL 36302

Mailing Address

200 SCHULZ DRIVE  
 RED BANK NJ 07701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3152638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETSCH, FRED 200 SCHULZ DRIVE RED BANK NJ 07701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOON, HARRY 200 SCHULZ DRIVE RED BANK NJ 07701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWICK, ROD 200 SCHULZ DAIVE RED BANK NJ 07701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, KERRY 200 SCHULZ DRIVE RED BANK NJ 07701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CMORNA, THOMAS 200 SCHULZ DRIVE RED BANK NJ 07701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T James F. Smith 200 Schulz Drive Red Bank, NJ 07701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Harry Boon 200 Schulz Drive Red Bank, NJ 07701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V/S William G. Reilly, Jr. 200 Schulz Drive Red Bank, NJ 07701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerry Hoffman 200 Schulz Drive Red Bank, NJ 07701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V Gwynne Woodward 200 Schulz Drive Red Bank, NJ 07701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James F. Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/02 222-345-5339

CR2E034 (4/02)

**Ansell** Personal  
Products

Attachment  
Document #

852543  
122118

July 10, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Federal Identification Number 36-3152638**

Enclosed please find the 2002 Uniform Business Report for Ansell Healthcare Products, Inc. along with check number 206762, dated July 11, 2002, in the amount of \$150.00. We have repeatedly called the Florida Department of State for a copy of the 2002 Uniform Business Report so that we could timely comply with the law and file and pay the appropriate fee. Unfortunately, after several telephone calls, we just recently received the 2002 Uniform Business Report. Upon receipt, we completed the form, obtaining signature and requesting a check to be processed. It is under these circumstances that we respectfully request abatement of the late filing penalties in the amount of \$550.00.

In the future, please mail this form to the address below prior to April 1. Thank you for your kind consideration. You may contact me at 732-345-5335 if you have any questions.

Sincerely,

*Sheila Lockhart*

Sheila Lockhart  
Tax Associate

Enclosures