

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853159 (2)

1. Corporation Name
DURACELL INC.



Principal Place of Business BERKSHIRE CORPORATE PARK BETHEL CT 06801 US	Mailing Address BERKSHIRE CORPORATE PARK BETHEL CT 06801 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/15/1982	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-3303078	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature type for principal name of registered agent and beneficial owner. (NOTE: Registered Agent's signature required when reconstituting.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	CHARLES PERRIN	1.2 NAME	
STREET ADDRESS	BERKSHIRE CORPORATE PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	JOHNSON, BARBARA JO	2.2 NAME	
STREET ADDRESS	BERKSHIRE CORPORATE PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	
NAME	LEWIS, GARNET WADE	3.2 NAME	
STREET ADDRESS	BERKSHIRE INDUSTRIAL PK	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	
NAME	DWYER, GREGG A.	4.2 NAME	
STREET ADDRESS	BERKSHIRE IND PARK	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	4.4 CITY-ST-ZIP	
TITLE	VPC	5.1 TITLE	
NAME	BURGHOLZER, ROBERT	5.2 NAME	
STREET ADDRESS	BERKSHIRE INDUSTRIAL PK	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	SOMERSET WATERS	6.2 NAME	
STREET ADDRESS	BERKSHIRE CORPORATE PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Johnson* **June 24, 1996** **203 796 4582**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (3/96)