

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 BIRKSHIRE CORPORATE PARK BETHEL CT 06801 US	Mailing Address BIRKSHIRE 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 07/08/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-3303078		Applied For <input type="checkbox"/> 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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Barbara Johnson* DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)