PS 194

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2. Propper Place of Business 3. Mailing Addross 5. Suriet, Appl. #, etc.	DOCUI  1. Entity Nam  GILLETTE					05	FIL	2 PM 3:51	1				
Suite. Apr. #. etc.    Suite. Apr. #. etc.	PRUDENTIAL TOWER BUILDING, SUITE 4800 PRUDENTIAL TOWER BUILDING					DING, SUITE 4800		SECHELMAL STATE TALLAHASSEE, FLORIDA					
City & State    City & State   City & State   City & State   Country   CA-2712451   Name and Address of Current Registered Agent   Fig. Page   Country   S. Centificate of Status Desired   S8.75 Additions   Fig. Page   Country   S. Centificate of Status Desired   S8.75 Additions   Fig. Page   Country   S. Centificate of Status Desired   S8.75 Additions   Fig. Page   Country   S. Centificate of Status Desired   S8.75 Additions   S8.75 Additio	2. Principal Pl	lace of Busin	3. Mailing Address	ress									
Summary   Summ	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04222005	Chg	<sub>l</sub> -P	CR2E034 (10/03	3)	
S. Certificate of Status Desired  Fee Required  Fee Required  7. Name and Address of New Registered Agent  7. Name and Agent Agen	City & State			City & State							<del></del>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD    Street Address (P.D. Box Number is Not Acceptable)	Zip	Country		Zip Coun		try							
Size Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code			Name		7. Name and	Address	of New Regi	Istered Agent					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forlids. I sum familier with, and accept the obligations of registered agent.    Common   Co	1200 SOUTH PINE ISLAND ROAD					Street Addre	ess (P	O. Box Numb	er is Not A	Acceptable)	10 + 11 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
SIGNATURE:    Compare to produce the product superior su						City				-	FL Zip Co	ode	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  III.  P DE GRAAN, EDWARD F  WARE  DE GRAAN, EDWARD F  WARE  NAME  MOSTYN, WILLIAM J III  STRET ADDRESS  OCTY-SI-2P  BOSTON, MA 02199  CITY-SI-2P  III.  TO BOSTON, MA 02199  CITY-SI-2P  III.  AS MAKE  FILE NOW!!! FEE IS \$150.00  Addition  TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.  P DE GRAAN, EDWARD F  WARE  MOSTYN, WILLIAM J III  MAKE  MOSTYN, WILLIAM J III  MOSTYN J J J J J J J J J J J J J J J J J J J	the obligations of registered agent. 600054229716											6	
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILL   P													
TITLE NAME DE GRAAN, EDWARD F STRET ADDRESS PRUDENTIAL TOWER BUILDING, SUITE 4800 BOSTON, MA 02199 TITLE NAME MOSTYN, WILLIAM J III PRUDENTIAL TOWER BUILDING, SUITE 4800 BOSTON, MA 02199 TITLE TOWER BUILDING, SUITE 4800 SIRET ADDRESS CITY-SI-ZIP BOSTON, MA 02199 TITLE AS FISCHMAN, CAROL S FISCHMAN, CAROL S FISCH ADDRESS SIRET	FILE NOWIN FEE 19 \$150.00												
DE GRAAN, EDWARD F PRUDENTIAL TOWER BUILDING, SUITE 4800 SIRET ADDRESS CITY-SI-2P BOSTON, MA 02199  TILE T SULLIVAN, GAIL F S				DIRECTORS	11.							R\$ IN 11	
CITY-SI-2IP BOSTON, MA 02199		. Car pelete				· .		Please see Exhibit A					
TITLE						- 1							
STREET ADDRESS CITY-ST-2IP  TITLE TOUGHT ST-ZIP TITLE TOUGHT ST-ZIP TOTE STREET ADDRESS CITY-ST-ZIP TOTE STREET ADDRESS CITY-ST-ZIP TOTE STREET ADDRESS CITY-ST-ZIP TOTE AS STREET ADDRESS CITY-ST-ZIP TOTE AS STREET ADDRESS CITY-ST-ZIP TITLE D TOTE TOTE TOTE D TOTE TOTE TOTE TOTE		VP	•	Delete				Officer	s and	DILEC		Addition	
NAME STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS FIRCH ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS FIRCH ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE CRAMB, CHARLES W JR STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE D CRAMB, CHARLES W JR STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE NAME CRAMB, CHARLES W JR STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS CHARGE ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS CHARGE ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TO Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-ZIP  TO Change Addition ADDRESS CITY-ST-ZIP  TO Change ADDRESS CITY-ST-ZIP  TO CHARGE ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  TO CHARGE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP  TO CHARGE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP  TO CHARGE ADDRESS CITY-ST-ZIP AD	STREET ADDRESS	PRUDEN	TIAL TOWER BUILDING	G, SUITE 4800	STRE	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS Delete TITLE HAME FISCHMAN, CAROL S PRUDENTIAL TOWER BUILDING, SUITE 4800 STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE D CRAMB, CHARLES W JR NAME CRAMB, CHARLES W JR NAME STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS CRAMB, CHARLES W JR NAME STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS CITY-ST-ZIP BOSTON AS CITY-ST-ZIP BOSTON, MA 02199  TITLE AS CITY-ST-ZIP BOSTON AS CITY-ST-ZIP BOS	9	E Dicto				1					X Change	e	
FISCHMAN, CAROL S PRUDENTIAL TOWER BUILDING, SUITE 4800 BOSTON, MA 02199  TITLE  CRAMB, CHARLES W JR STREET ADDRESS CITY-ST-ZIP  CRAMB, CHARLES W JR PRUDENTIAL TOWER BUILDING, SUITE 4800 STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  AS MCGOWAN, JOHN M STREET ADDRESS CITY-ST-ZIP  TO THE CHARGE ADDRESS CITY-ST-ZIP  TO THE CHARG	STREET ADDRESS	PRUDENTIAL TOWER BUILDING, SUITE 4800				ET ADDRESS							
STREET ADDRESS CITY-SI-ZIP  TITLE  D  CRAMB, CHARLES W JR STREET ADDRESS CITY-SI-ZIP  TITLE  CRAMB, CHARLES W JR STREET ADDRESS CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  AS  MCGOWAN, JOHN M  STREET ADDRESS CITY-SI-ZIP  TITLE  AS  MCGOWAN, JOHN M  STREET ADDRESS CITY-SI-ZIP  TITLE  AS  MCGOWAN, JOHN M  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TO do D. Hammond  SIGNATURE:  TO dd D. Hammond  SIGNATURE:											X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE AS MCGOWAN, JOHN M STREET ADDRESS CITY-ST-ZIP  TOME 1. Thereby certify that the information supplied with this filting 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  Todd D. Hammond  SIGNATURE:	STREET ADDRESS	PRUDENTIAL TOWER BUILDING, SUITE 4800				ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP  TITLE AS MCGOWAN, JOHN M PRUDENTIAL TOWER BUILDING, SUITE 4800 STREET ADDRESS CITY-ST-ZIP  TITLE NAME MCGOWAN, JOHN M PRUDENTIAL TOWER BUILDING, STE 4800 STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filting 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  Todd D. Hammond  SIGNATURE:  10. Change Addition NAME STREET ADDRESS CITY-SI-ZIP Change		_									X Chango	Addition	
TITLE AS MCGOWAN, JOHN M NAME STREET ADDRESS CITY-SI-ZIP BOSTON, MA 02199 STREET ADDRESS CITY-SI-ZIP BOSTON, MA 02199 CITY-SI-ZIP BOSTON or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.  Todd D. Hammond  SIGNATURE:  Change Addition NAME STREET ADDRESS CITY-SI-ZIP Change Addition NAME STREET ADDRESS CITY-SI-ZIP CHANGE STREET ADDR		SS PRUDENTIAL TOWER BUILDING, SUITE 4800				EET ADDRESS							
PRUDENTIAL TOWER BUILDING, STE 4800 STREET ADDRESS CITY-SI-ZIP  12. I hereby certify that the information supplied with this filting 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  Todd D. Hammond  SIGNATURE:		AS		XXVelete		I .					<b>∑</b> Change	e	
12. Thereby certify that the information supplied with this filting 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  Todd D. Hammond  SIGNATURE:	STREET ADDRESS	PRUDEN	TIAL TOWER BUILDING	G, STE 4800	STRE	ET ADDRESS							
SIGNATURE: 4126 05 Asst. Secretary (617) 421-8428	12. I hereby of indicated of the cor	certify that the on this repo poration or ti	ne information supplied with ort or supplemental report is the receiver or trustee empo achment with an address,	s true and accurate and that i owered to execute this report with all other like empowered	r the exe ny signa as requi	mption stated ture shall have	e the sa	ame legal effec	t as if ma	ide under oatl	h: that I am an offic	er or director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone (	SIGNAT	SIGNATURE: 426 05 Asst. Secretary (617) 421-8428											

PS 2 72

DOCUMENT# F00000003089 FEI Number: 04-2712451

## GILLETTE HOLDING COMPANY, INC.

#### **DIRECTORS**

Charles W. Cramb Edward E. Guillet Todd D. Hammond Peter M. Green

#### **OFFICERS**

Charles W. Cramb
Edward E. Guillet
Peter M. Green
Todd D. Hammond
Stephen A. Hoffman
Gail F. Sullivan
Lynn P. Seymour

President
Vice President
Secretary
Assistant Secretary
Treasurer
Assistant Treasurer

### Address for all of the Board of Directors and Officers:

Prudential Tower Building, Suite 4800 Boston, MA 02199