


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90431 041 \*\*\*150.00

<b>DOCUMENT # F01000000945</b>	
1. Entity Name <b>SCA PERSONAL CARE, INC.</b>	

Principal Place of Business <b>500 BALDWIN TOWER EDDYSTONE, PA 19022</b>	Mailing Address <b>500 BALDWIN TOWER EDDYSTONE, PA 19022</b>
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40060654



2. Principal Place of Business <b>2929 Arch St</b>	3. Mailing Address <b>2929 Arch St</b>
Suite, Apt. #, etc. <b>Suite 2600</b>	Suite, Apt. #, etc. <b>Suite 2600</b>
City & State <b>Phila, PA.</b>	City & State <b>Phila, PA.</b>
Zip <b>19380</b>	Country
Zip <b>19104</b>	Country

04072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>23-3036384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAURICE, CHARLES 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2929 Arch St, Suite 2600 Phila, PA, 19104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, BRAIN 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE PRESIDENT 2929 Arch St Phila delphia, PA. 19104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORMAN, KEVIN S 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2929 Arch St, Suite 2600 Phila delphia, PA. 19104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTURP, MICHAEL 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR THOMAS WULKAN 2929 Arch St, Suite 2600 Phila, PA. 19104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JEFFREY F 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2929 Arch St, Suite 2600 Phila, PA. 19104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. CHARLES, MAURICE 500 BALDWIN TOWER EDDYSTONE, PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2929 Arch St, Suite 2600 Phila, PA. 19104</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. All other like empowered.

SIGNATURE: 	<b>BART VENESOEN - ASST SEC</b>	Date <b>4/12/06</b>	Daytime Phone # <b>6104993341</b>
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# ATTACHMENT

40060634

## SCA PERSONAL CARE INC.

Florida  
F01000000945

### Officers (Cont'd)

Arjan Vermeer  
2929 Arch Street  
Philadelphia, PA 19104

Vice-President

Bart Venesoen  
2929 Arch Street  
Philadelphia, PA 19104

Asst Secretary

Andrew Wesztergom  
2929 Arch Street  
Philadelphia, PA 19104

Asst Secretary

### Directors (Cont'd)

Gunnar Johansson  
2929 Arch Street  
Philadelphia, PA 19104