FILED May 01, 2008 8:00 am Secretary of State

ANNUAL REPORT	JN
DOCUMENT #F0100000945	

SIGNATURE: __

DOCUMENT # F0100000945 1. Entity Name SCA PERSONAL CARE, INC.						05-01-2008 90249 015 ***150.00						
Principal Place	e of Business		Mailing Address									
2929 ARCH ST			2929 ARCH ST									
STE 2600 Philadelphia, pa 19380			ste 2600 Philadelphia, pa 19104									
FIIICADECI (IIIA, FA 1990)			THICADECTHA, IA 13	THOMPECHIN, TA 15104								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0422200	8	Chg-P	CR2E03	34 (12/06)		
City & State			City & State			İ	4. FEI Nui 23-3		384			plied For t Applicable
Zip		Country	Zip	try		5. Certificate of Status Desired \$8.75 Additional Fee Required						
•	6. Name	and Address of Current F	Registered Agent		Name		7. Name	end A	ddress of New R	egistered A	gent	
CORPORA	ATION SER	RVICE COMPANY			TYGHIG							
1201 HAYS					Street Address (P.O. Box Number is Not Acceptable)							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30LL,	02007										
					City					FL	Zip Code	е
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or	register	red agent, or	r both.	in the State of Flo	rida. I am f	 amiliar with,	and accept
the obligati	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 a	nd title if applicable. (NOT)	t: Hegstere	d Agent signatu	e requeed	I when reinstating			DATE		
		FEE IS \$150.00 I Fee will be \$550.0	9. Election Campai Trust Fund Cont	-	ncing		.00 May Be ed to Fees	,				
10.		OFFICERS AND I	DIRECTORS			ADDITIO	NS/C	ANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	VP	DVI MOLIAEL	☐ Delete	E	☐ Change						Addition	
NAME STREET ADDRESS		SKI, MICHAEL H ST STE 2600		NAM STRE	ET ADDRESS							
City-ST-ZIP		PHIA, PA 19104			-ST-ZIP							i
TITLE	VP		☐ Delete	TITL	£	,					Change	Addition
NAME	NELSON,	BRAIN H ST STE 2600		NELSON, BRIAN								
STREET ADDRESS CITY-ST-ZIP	PHILADEL			-ST-ZIP								
TITLE	S		☐ Detete	nn	<u> </u>						Change	Addition
NAME	GORMAN	, KEVIN S	••	HAM	E .			-				-
STREET ADDRESS	l	H ST STE 2600			ET ADDRESS							
CITY-ST-ZIP		PHIA, PA 19104	П п.н.		-ST-ZIP						Change	Addition
TITLE NAME	D WULKAN.	THOMAS	☐ Delete	TITL NAM							CT Cuaride	Mudition
STREET ADDRESS		H ST STE 2600		STR	ET ADDRESS							
CITY-ST-ZIP	PHILADE	PHIA, PA 19104		CITY	-ST-ZIP							
TITLE	D	PRIMO	☐ Delete	TITL		~ =		0	0.140		∠ Change	Addition
NAME STREET ADDRESS	ZEPEOA.	H ST STE 2600		NAM STR	ET ADDRESS	20	PEDA	ים ק	KUNU			
CITY-ST-ZIP	l .	_PHIA, PA 19104			-ST-ZIP							
TITLE	D		☐ Delete	TITL	E						Change	Addition
NAME	l	SON, GUNNAR		NAM								
STREET ADDRESS CITY-ST-ZIP		:H ST STE 2600 LPHIA, PA 19104			ET ADDRESS -ST-ZIP							
			this filing does not qualify in			ontainer	d in Chapter	119.1	Florida Statutes I	further cert	ify that the in	nformation
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, with all other like empowered. ANDLY												

ATTACHMENT 40091736

SCA PERSONAL CARE INC.

F01000000945

Officers (Cont'd)

Bart Venesoen 2929 Arch Street, Ste 2600 Philadelphia, PA 19104 **Asst Secretary**

Andrew Wesztergom 2929 Arch Street, Ste 2600 Philadelphia, PA 19104 Asst Secretary