

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000945

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: SCA PERSONAL CARE, INC.

## Current Principal Place of Business:

2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19380

## New Principal Place of Business:

## Current Mailing Address:

2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19380

## New Mailing Address:

FEI Number: 23-3036384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: ZEPEDA, BRUNO  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

Title: VP  
Name: ELMQUIST, ANDERS  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

Title: S  
Name: GORMAN, KEVIN S  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

Title: D  
Name: FUENTES, PABLO  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

Title: D  
Name: ZEPEDA, BRUNO  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

Title: D  
Name: LUNDIN, SUNE  
Address: 2929 ARCH ST STE 2600  
City-St-Zip: PHILADELPHIA, PA 19104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN GORMAN

SEC

04/25/2011

Electronic Signature of Signing Officer or Director

Date