

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**


05-02-2005 90433 014 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**40074720**



04182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F03000001116</b>					
1. Entity Name <b>ENERGIZER BATTERY MANUFACTURING, INC.</b>					
Principal Place of Business <b>C/O ENERGIZER 533 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141</b>			Mailing Address <b>C/O ENERGIZER 533 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0758278</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC MULCAHY, J. PATRICK 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNIX, PATRICK C 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ward M. Klein 533 Maryville University Dr. St. Louis, MO 63141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SESCLEIFER, DANIEL J 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT SANBORN, STEVE H 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT Dan Carpenter 533 Maryville University Dr. St. Louis, MO 63141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TISONE, JOSEPH J 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC STRATMANN, GAYLE G 533 MARYVILLE UNIVERSITY DR. ST LOUIS, MO 63141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 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.					
SIGNATURE: <u>Barb M. Brinkmeyer</u> <u>Barb M. Brinkmeyer</u> <u>4.25.05</u> <u>(314) 985-2000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					