2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001117

1. Entity Name

ENERGIZER BATTERY, INC



Principal Place of Business

C/O ENERGIZER.

533 MARYVILLE UNIVERSITY DRIVE

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324-2525

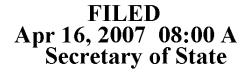
ST LOUIS, MO 63141

Mailing Address

C/O ENERGIZER,

533 MARYVILLE UNIVERSITY DRIVE

ST LOUIS, MO 63141





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04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0758270

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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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.

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME GROSCH, TIMOTHY L 533 MARYVILLE UNIVERSITY DRIVE STREET ADDRESS SAINT LOUIS, MO 63141 CITY-ST-ZIP LOB TITLE NAME KLEIN, WARD M STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE ST LOUIS, MO 63141 CITY-ST-ZIP CEOP TITLE MCCLANALHAN, JOSEPH W NAME 533 MARYVILLE UNIVERSITY DRIVE STREET ADDRESS ST LOUIS, MO 63141 C!TY-ST-ZIP TITLE **VPCE** SESCLEIFERN, DANIEL J NAME 533 MARYVILLE UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP ST LOUIS, MO 63141 TITLE HATFIELD, DAVID P NAME STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE CITY-ST-ZIP ST LOUIS, MO 63141 TITLE STRATMANN, GAYLE G 533 MARYVILLE UNIVERSITY DRIVE STREET ADDRESS ST LOUIS, MO 63141 CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR D

Barb M. Brinkmeyer

4.12.07

(314) 985-2000