


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F03000001117	
1. Entity Name ENERGIZER BATTERY, INC	
	
Principal Place of Business C/O ENERGIZER, 533 MARYVILLE UNIVERSITY DRIVE ST LOUIS, MO 63141	Mailing Address C/O ENERGIZER, 533 MARYVILLE UNIVERSITY DRIVE ST LOUIS, MO 63141



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0758270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324-2525	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

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

**DO NOT WRITE
IN THIS SPACE**

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: Barb M. Brinkmeyer **Barb M. Brinkmeyer** 4.12.07 (314) 985-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #