

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90041 050 \*\*\*150.00

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 01-0758270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME GROSCH, TIMOTHY L  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP SAINT LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE LOB ☐ Delete  
NAME KLEIN, WARD M  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEOP ☐ Delete  
NAME MCCLANALHAN, JOSEPH W  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPCE ☐ Delete  
NAME SESCLEIFERN, DANIEL J  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HATFIELD, DAVID P  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME STRATMANN, GAYLE G  
STREET ADDRESS 533 MARYVILLE UNIVERSITY DRIVE  
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Brinkner* — Barb M. Brinkner 2-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

314 985-2006

40040851

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[illegible]