

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90029 026 ***150.00

DOCUMENT # F05000001158

1. Entity Name
JARDEN CORPORATION



Principal Place of Business
**555 THEODORE FREND AVENUE, SUITE B-302
RYE, NY 10580**

Mailing Address
**2381 EXECUTIVE CENTER DR
BOCA RATON, FL 33431**

40056695



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

03282007

Chg-P

CR2E034 (12/06)

4. FEI Number

35-1828377

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME FRANKLIN, MARTIN
STREET ADDRESS 555 THEODORE FREND AVENUE, SUITE B-302
CITY-ST-ZIP RYE, NY 10580

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

TITLE VS ☐ Delete
NAME ASHKEN, IAN G.H.
STREET ADDRESS 555 THEODORE FREND AVENUE, SUITE B-302
CITY-ST-ZIP RYE, NY 10580

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

TITLE P ☐ Delete
NAME LILLIE, JAMES E
STREET ADDRESS 555 THEODORE FREND AVENUE, SUITE B-302
CITY-ST-ZIP RYE, NY 10580

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

TITLE CTO ☒ Delete
NAME RUGER, J
STREET ADDRESS 345 SOUTH HIGH STREET, SUITE 201
CITY-ST-ZIP MUNCIE, IN 47305

TITLE V.P. ☐ Change ☐ Addition
NAME ROBERT P. TOTTE
STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V ☐ Delete
NAME WOOD, SIMON
STREET ADDRESS 555 THEODORE FREND AVENUE, SUITE B-302
CITY-ST-ZIP RYE, NY 10580

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

TITLE V ☐ Delete
NAME TOLBERT, J. DAVID
STREET ADDRESS 345 SOUTH HIGH STREET, SUITE 201
CITY-ST-ZIP MUNCIE, IN 47305

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 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:

Robert P. Tote

Robert P. Tote 3-30-07

561-912-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #