


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State


04-28-2008 90412 037 ***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
--	---

DO NOT WRITE IN THIS SPACE

40001011



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1828377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRANKLIN, MARTIN 555 THEODORE FREND AVENUE, SUITE B-302 RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ASHKEN, IAN G.H. 555 THEODORE FREND AVENUE, SUITE B-302 RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILLIE, JAMES E 555 THEODORE FREND AVENUE, SUITE B-302 RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOTLE, ROBERT P 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, SIMON 555 THEODORE FREND AVENUE, SUITE B-302 RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLBERT, J. DAVID 345 SOUTH HIGH STREET, SUITE 201 MUNCIE, IN 47305

**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 an other like empowered.

SIGNATURE: Robert P. Tolle **4-23-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #