

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 001 ***150.00

DOCUMENT # F06000000427					
1. Entity Name RECKITT BENCKISER PHARMACEUTICALS INC.					
Principal Place of Business 10710 MIDLOTHIAN TPKE ST #430 RICHMOND, VA 23235			Mailing Address 10710 MIDLOTHIAN TPKE ST #430 RICHMOND, VA 23235		
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	4. FEI Number 52-2069631	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$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			7. Name and Address of New Registered Agent		
			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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	CP FRY, PETER C.H. 10710 MIDLOTHIAN TURNPIKE SUITE #430 RICHMOND, VA 23235	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Bentley 103-105 Bath Rd. Slough, Berkshire SL1 3UH UK	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP HIBBERT, PHIL 399 INTERPACE PARKWAY PARSIPPANY, NJ 070540225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORDAN, WILLIAM A 399 INTERPACE PARKWAY PARSIPPANY, NJ 070540225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FEATHERSTONE, ROLAND DANSOM LANE HULL HU8 7DS UK,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, TERENCE 399 INTERPACE PARKWAY PARSIPPANY, NJ 070540225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP THAXTER, SHAUN 10710 MIDLOTHIAN TURNPIKE, STE 430 RICHMOND, VA 23235	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			973-404-2681		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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