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DEPARTMENT OF STATE

OTHER OF CORPORATION

12/08 a/2/08



ORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 702408 7646633

ulsdeman

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: August 27, 2008

ORDER TIME : 1:20 PM

ORDER NO. : 702408-047

CUSTOMER NO: 7646633

CHANGE OF AGENT

NAME: RECKITT BENCKISER

PHARMACEUTICALS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | • | , 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of Delaware seed agent, or both, in the State of Florida. |
|------------------------------------|---|---|
| The name of t | he corporation: RECKITT BENCK | ISER PHARMACEUTICALS INC. |
| 2 The principal | office address: 10710 Midlothian T | pke. St. #430 |
| | d, VA 23235 | |
| | | |
| 4. Date of incorp | poration/qualification: 01/23/2006 | Document number: F0600000427 |
| | I street address of the current registered agreement of State: | ent and registered office on file with the |
| | CT Corporation System | SET |
| | 1200 S. Pine Island Road | ent and registered office on file with the |
| | Plantation, FL 33324 | |
| 6. The name and (if changed): | I street address of the new registered agent | (if changed) and /or registered office |
| | Corporation Service Company | |
| | 1201 Hays Street | |
| | (P.O. Box NOT acceptable) | |
| | Tallahassee, FL 32301 | |
| The street address changed will | ess of its registered office and the street a be identical. | ddress of the business office of its registered agent, |
| Such change wa authorized by th | as authorized by resolution duly adopted ne board, or the corporation has been not | by its board of directors or by an officer so ified in writing of the change. |
| (Signate | re of an officer or director) | Kathy L. Yetter, Attorney in Fact (Printed or typed name and title) |
| corporation las | the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliques filed merely to reflect a change in the seen notified in writing of this change. The Service Company | l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the |
| By () (uf) | (a Eller) | August 27, 2008 |
| , | gnature of Registered Agent) | (Date) |
| If signing on be | half of an entity: | |
| | , Asst. Secretary | |
| (1 | Typed or Printed Name) | |

* * * FILING FEE: \$35.00 * * *