2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002734

Entity Name: UNITED INDUSTRIES CORPORATION DELAWARE

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
SIX CONCOURSE PARKWAY SUITE 3300 ATLANTA, GA 30328							
Current Mailing Address:				New Mailing Address:			
SIX CONCOURSE PARKWAY SUITE 3300 ATLANTA, GA 30328							
FEI Number: 4	Number: 43-1025604 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certifica		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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.							
SIGNATURE:							
	Electronic	Signature of Registered Agen	it			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DI						TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JONES, DAVID A	E PARKWAY SUITE 3300		Title: Name: Address: City-St-Zip:	GENITO, ANTH	RSE PARKWAY SUITE 3300	
Title: Name: Address: City-St-Zip:	YODER, AMY	Delete ATE WOODS TRAIL 63044		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	YODER, AMY	Delete ATE WOODS TRAIL 33044		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	STUBKJAER, ÁN	ATE WOODS TRAIL		Title: Name: Address: City-St-Zip:	PRATHER, RO	RATE WOODS TRAIL	
Title: Name: Address: City-St-Zip:	PFEFFERKORN,	ATE WOODS TRAIL		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	WILSON, JOHN	E PARKWAY SUITE 3300		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. WILSON VPAS 01/21/2008