

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2011
Secretary of State

Entity Name: TUPPERWARE DISTRIBUTORS, INC.

Current Principal Place of Business:

TUPPERWARE BRANDS CORP. ATTN: TAX DEPT.
14901 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

PO BOX 2353
ORLANDO, FL 328022353

New Mailing Address:

FEI Number: 36-3855788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GOINGS, E.V.
Address: 14901 S ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL

Title: AS
Name: SLAPPEY, BRYAN J
Address: 14901 S. ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL 32837

Title: VD
Name: MICHAEL, POTESHMAN S
Address: 14901 S ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL 32837

Title: VT
Name: DAVIS, EDWARD R III
Address: 14901 S ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL 32837

Title: VSD
Name: ROEHLK, THOMAS M.
Address: 14901 S ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL

Title: VP
Name: HAJEK, JOSEF
Address: 14901 S ORANGE BLOSSOM TR
City-St-Zip: ORLANDO, FL

I hereby 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 all other like empowered.

SIGNATURE: BRYAN J. SLAPPEY

AS

04/06/2011

Electronic Signature of Signing Officer or Director

Date