

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002514

FILED
Mar 20, 2007
Secretary of State

Entity Name: TUPPERWARE U.S., INC.

Current Principal Place of Business:

TUPPERWARE US INC
14901 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2353
ORLANDO, FL 328022353 US

New Mailing Address:

FEI Number: 36-3692010

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVGC () Delete
Name: ROEHLK, THOMAS M
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: AS () Delete
Name: SLAPPEY, BRYAN J
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: C () Delete
Name: GOINGS, E.V.
Address: 14901 S ORANGE BLOSSOM TRL
City-St-Zip: ORLANDO, FL 32837

Title: AS () Delete
Name: MORRISSEY, MAUREEN M
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

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

Title: VP () Delete
Name: HAJEK, JOSEF
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: GOINGS, E.V.
Address: 14901 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN J. SLAPPEY

AS

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date