


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90003 020 \*\*\*550.00

DOCUMENT # F94000002255	
1. Entity Name CHURCH & DWIGHT CO., INC.	

Principal Place of Business 469 NORTH HARRISON STREET PRINCETON, NJ 08543-5297	Mailing Address 469 NORTH HARRISON STREET PRINCETON, NJ 08543-5297
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**50054081**



06032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4996950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, JOHN D III 469 NORTH HARRISON STREET PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EIRET, ZVI 469 NORTH HARRISON STREET PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>BILANSKY, MARK</del> <i>Susan E. Gelay</i> 469 NORTH HARRISON STREET PRINCETON, NJ 085435297
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>ROBERT DAVIES</del> <i>JAMES R. GRAIGIE</i> 469 NORTH HARRISON STREET PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>BECKLE, WILLIAM R</del> <i>J. RICHARD LEAMAN JR.</i> 469 NORTH HARRISON STREET PRINCETON, NJ 085435297
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORSELL, ANDREW C 469 NORTH HARRISON STREET PRINCETON, NJ 085435297

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Andrew C Forsell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/17/05* *609-683-5900*  
Date Daytime Phone #