FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:45

DOCUMENT # F94000002919 (8)

1. Corporation Name
GILLETTE CANADA INC., ORAL-B LABORATORIES DIVISION

Principal Place of Business	Mailing Address
~~16700 TRANS CANADA~~ ~~KIRKLAND, QUEBEC~~ ~~CANADA H9H 4Y8~~	~~16700 TRANS CANADA~~ ~~KIRKLAND, QUEBEC~~ ~~CANADA H9H 4Y8~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1 LAGOON DRIVE	26 1 LAGOON DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: REDWOOD CITY, CA	28 City & State: Redwood City, CA
24 Zip: 94065 25 Country: US	29 Zip: 94065 30 Country

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:
4. FEI Number: 94-3033824 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MACDUFF, DONALD D	12 NAME	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	13 STREET ADDRESS	
CITY-ST-ZIP	CANADA H9H 4Y8	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	VP FINANCE ☑ Change ☑ Addition
NAME	~~YAFFE, SAM~~ delete	22 NAME	R. STRASKULIC
STREET ADDRESS	~~16700 TRANS CANADA, KIRKLAND, QUEBEC~~	23 STREET ADDRESS	ONE LAGOON DR
CITY-ST-ZIP	~~CANADA H9H 4Y8~~	24 CITY-ST-ZIP	FOSTER CITY, CA 94404
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	BROPHY, FRANK	32 NAME	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	33 STREET ADDRESS	
CITY-ST-ZIP	CANADA H9H 4Y8	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	DV ☑ Change ☑ Addition
NAME	~~DELORANZO, ROBERT~~ Delete	42 NAME	BOARD, CLIFFORD
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	43 STREET ADDRESS	16700 TRANS CANADA, KIRKLAND QUEBEC
CITY-ST-ZIP	CANADA H9H 4Y8	44 CITY-ST-ZIP	CANADA H9H 4Y8
TITLE	T, SAC	51 TITLE	T, SAC ☑ Change ☐ Addition
NAME	MURRAY, ROSS	52 NAME	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	53 STREET ADDRESS	
CITY-ST-ZIP	CANADA H9H 4Y8	54 CITY-ST-ZIP	
TITLE	~~SAB~~ DV	61 TITLE	DV ☑ Change ☐ Addition
NAME	BARBER, LORRAINE	62 NAME	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	63 STREET ADDRESS	
CITY-ST-ZIP	CANADA H9H 4Y8	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ R. STRASKULIC SR VP _____ 416 548 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

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