

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION
 ANNUAL REPORT
 1996**



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

DOCUMENT # F94000002919 (8)

1. Corporation Name

GILLETTE CANADA INC.



Principal Place of Business: **1 LAGOON DR REDWOOD CITY CA 94065 US**
 Mailing Address: **1 LAGOON DR REDWOOD CITY CA 94065 US**

3. Date Incorporated or Qualified: **06/03/1994**
 3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business: **21 16700 Trans-Canada**
 Suite, Apt #, etc

22

23 **Kirkland, Quebec**

24 **H9H 4Y8**

25 **Canada**

2a. Mailing Address: **26 16700 Trans-Canada**
 Suite, Apt #, etc

27

28 **Kirkland, Quebec**

29 **H9H 4Y8**

30 **Canada**

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

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

10. Name and Address of New Registered Agent

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

Signature type for principal or registered agent and title (applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACDUFF, DONALD D	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRASKULIC, R.	
STREET ADDRESS	ONE LAGOON DR	
CITY-ST-ZIP	FOSTER CITY CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROPHY, FRANK	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOARD, CLIFFORD	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARBER, LORRAINE	
STREET ADDRESS	16700 TRANS CANADA, KIRKLAND, QUEBEC	
CITY-ST-ZIP	CANADA H9H 4Y8	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MACDUFF, DONALD N
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WEDEL, JORGEN
23 STREET ADDRESS	16700 Trans-Canada, Kirkland, Quebec
24 CITY-ST-ZIP	Canada H9H 4Y8
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BOARD, CLIFFORD E
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jill Richardson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary

7/24/96

CR2E034 (3/96)