

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

Mailing Address

1 LAGOON DR
REDWOOD CITY CA 94065
US

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

2a. Mailing Address

21 16700 Trans-Canada

26 16700 Trans-Canada

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Kirkland, Quebec

28 Kirkland, Quebec

24 Zip H9H 4Y8

25 Country Canada

29 Zip H9H 4Y8

30 Country 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

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

Signature type for principal officer or registered agent and the applicable fee

(NOTE: Registered Agent signature required when reappointing)

(SEE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MACDUFF, DONALD D
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
CITY-ST-ZIP CANADA H9H 4Y8

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

MACDUFF, DONALD N

TITLE VP
NAME STRASKULIC, R.
STREET ADDRESS ONE LAGOON DR
CITY-ST-ZIP FOSTER CITY CA

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VP
WEDEL, JORGEN
16700 Trans-Canada, Kirkland, Quebec
Canada H9H 4Y8

TITLE DV
NAME BROPHY, FRANK
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
CITY-ST-ZIP CANADA H9H 4Y8

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DV
NAME BOARD, CLIFFORD
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
CITY-ST-ZIP CANADA H9H 4Y8

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

BOARD, CLIFFORD E

TITLE DV
NAME BARBER, LORRAINE
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
CITY-ST-ZIP CANADA H9H 4Y8

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary

7/24/96

CR2E034 (3/96)