


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F94000002919 (8)

1. Corporation Name

GILLETTE CANADA INC.

Principal Place of Business

16700 TRANS-CANADA  
KIRKLAND QU H9H 4-8  
CA

Mailing Address

16700 TRANS-CANADA  
KIRKLAND QU H9H 4-8  
CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

94-3033824

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME MICHELLE VIOTTY  
1.3 STREET ADDRESS 600 CLIPPER DRIVE  
1.4 CITY-ST-ZIP BELMONT, CA

TITLE VP ☐ DELETE

NAME CLEVERLY, BRUCE  
STREET ADDRESS 600 CLIPPER DR  
CITY-ST-ZIP BELMONT CA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV ☒ DELETE

NAME PIERRE, TEDDY  
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC  
CITY-ST-ZIP CANADA H9H 4Y8

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME MURRAY, ROSS  
STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC  
CITY-ST-ZIP CANADA H9H 4Y8

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

ROSS MURRAY

APR 27, 1998 614-N26-6850

CR2E034 (10/97)