

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90054 032 ***150.00

DOCUMENT # F94000002919

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
No: 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VP ☐ DELETE
NAME CLEVERLY, BRUCE
STREET ADDRESS 600 CLIPPER DR
CITY-ST-ZIP BELMONT CA

TITLE DV ☐ DELETE
NAME VIOTTY, MICHELLE
STREET ADDRESS 600 CLIPPER DRIVE
CITY-ST-ZIP BELMONT CA

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME DELORENZO, ROBERT
1.3 STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
1.4 CITY-ST-ZIP CANADA H9H 4Y8

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME ROSSI, RONALD
2.3 STREET ADDRESS 600 CLIPPER DRIVE
2.4 CITY-ST-ZIP BELMONT, CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DV ☒ Change ☐ Addition
5.2 NAME VOUTSINAS, HARRY
5.3 STREET ADDRESS 16700 TRANS CANADA, KIRKLAND, QUEBEC
5.4 CITY-ST-ZIP CANADA H9H 4Y8

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, with all other like empowered.

SIGNATURE:

Michael S. St. John
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

Daytime Phone #

CR2E034 (11/98)

0001018