FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003564 (1)

1. Corporation Name
PLAYTEX PRODUCTS, INC.

Principal Place of Business:
P.O. BOX 7016
DOVER DE 19903-1516

Mailing Address:
P.O. BOX 7016
DOVER DE 19903-1516

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 51-0312772 — 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 617.0502, 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 ______

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SMILOW, JOEL E
STREET ADDRESS	100 BEACHSIDE AVE.
CITY-ST-ZIP	GREENSFARMS CT 06436
TITLE	DC
NAME	SOTOS, HERCULES P
STREET ADDRESS	12 DOGWOOD LANE
CITY-ST-ZIP	GREENWICH CT 06830
TITLE	D
NAME	FORBES, WALTER A
STREET ADDRESS	707 SUMMER ST.
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	D
NAME	LEE, JOHN J
STREET ADDRESS	72 CUMMINGS POINT RD.
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	D
NAME	LEE, THOMAS H
STREET ADDRESS	75 STATE ST., #2600
CITY-ST-ZIP	BOSTON MA 02109
TITLE	D
NAME	MCCARVILLE, MARK J
STREET ADDRESS	3 FIRST NATIONAL PLAZA
CITY-ST-ZIP	CHICAGO IL 60602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blank entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ Change ☐ Addition)

14. I do 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: Glenn A. Forbes, Vice President-Finance 4/27/95 (302) 674-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0474371 FP