

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT**

1996



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

DOCUMENT # F94000003564 (1)

1. Corporation Name

PLAYTEX PRODUCTS, INC.



Principal Place of Business

P.O. BOX 7016
DOVER DE 19303-1516

Mailing Address

P.O. BOX 7016
DOVER DE 19303-1516

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified
07/07/1994

3a. Date of Last Report
05/01/1995

4. FEIN 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

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 607.012 and 607.016, 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 607.016, Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC**
NAME **SMILOW, JOEL E**
STREET ADDRESS **100 BEACHSIDE AVE.**
CITY-STATE-ZIP **GREENSFARMS CT 06436**

☐ DELETE

TITLE **DC**
NAME **SOTOS, HERCULES P**
STREET ADDRESS **12 DOGWOOD LANE**
CITY-STATE-ZIP **GREENWICH CT 06830**

☒ DELETE

TITLE **D**
NAME **FORBES, WALTER A**
STREET ADDRESS **707 SUMMER ST.**
CITY-STATE-ZIP **STAMFORD CT 06902**

☒ DELETE

TITLE **D**
NAME **LEE, JOHN J**
STREET ADDRESS **72 CUMMINGS POINT RD.**
CITY-STATE-ZIP **STAMFORD CT 06902**

☒ DELETE

TITLE **D**
NAME **LEE, THOMAS H**
STREET ADDRESS **75 STATE ST., #2600**
CITY-STATE-ZIP **BOSTON MA 02109**

☒ DELETE

TITLE **D**
NAME **MCCARVILLE, MARK J**
STREET ADDRESS **3 FIRST NATIONAL PLAZA**
CITY-STATE-ZIP **CHICAGO IL 60602**

☒ DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

D

**315 Post Road West
Westport, CT 06880**

D/C

**Robert B. Haas
300 Crescent Court, Ste 1700
Dallas, TX 75201**

D

**Douglas D. Wheat
300 Crescent Court, Ste 1700
Dallas, TX 75201**

D/C

**Michael R. Gallagher
300 Nyala Farms Road
Westport, CT 06880**

D/C

**Michael F. Goss
300 Nyala Farms Road
Westport, CT 06880**

AS

**Glenn A. Forbes
50 North DuPont Highway
Dover, DE 19901**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. I do hereby certify that the information supplied to me for this report was lawfully 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 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 and the person or persons authorized 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 affidavit.

SIGNATURE:

Glenn A. Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Glenn A. Forbes,
Assistant Secretary**

4/25/96

(302) 674-6000

Date

Phone Number

CR2E034 (12/95)