

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000003564

1. Entity 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**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0312772

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERT B. HAAS
300 CRESCENT COURT, SUITE 1700
DALLAS, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
DOUGLAS D. WHEAT
300 CRESCENT COURT, SUITE 1700
DALLAS, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
DEFEO, NEIL P
300 NYALA FARMS ROAD
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCF
KELLEY, KRIS
300 NYALA FARMS ROAD
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCCOLGAN, JOHN J
50 N DUPONT HWY
DOVER, DE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
YESTRUMSKAS, PAUL E
300 NYALA FARMS RD
WESTPORT, CT 06880**

000000737054
05/11/07-80012-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
Date

(302)678-6000
Daytime Phone #