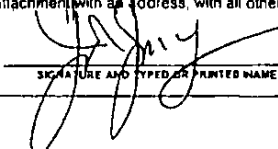


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 11:25

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	
2. Principal Place of Business - No P.O. Box # 50 N. Dupont Hwy		3. Mailing Address Suite, Apt. #, etc.	
City & State Dover DE		City & State	
Zip 19901	Country USA	Zip	Country
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		900130292039 05/28/08--01001--016 ***450.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT B. HAAS 300 CRESCENT COURT, SUITE 1700 DALLAS, TX ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATFIELD, DAVID P. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DOUGLAS D. WHEAT 300 CRESCENT COURT, SUITE 1700 DALLAS, TX ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KLEIN, WARD M. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE DEFEO, NEIL P 300 NYALA FARMS ROAD WESTPORT, CT 06880 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATMANN, GAYLE G. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF KELLEY, KRIS 300 NYALA FARMS ROAD WESTPORT, CT 06880 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FOX, WILLIAM C. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOLGAN, JOHN J 50 N DUPONT HWY DOVER, DE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vpcc MCCOLGAN, JOHN J. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YESTRUMSKAS, PAUL E 300 NYALA FARMS RD WESTPORT, CT 06880 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSCH, TIMOTHY L. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141 ☐ Change ☒ Addition
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: 		VP CORPORATE CONTROLLER APRIL 24, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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