

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # F96000002680 (4)

1. Corporation Name

CLOROX PRODUCTS MANUFACTURING COMPANY



Principal Place of Business

1221 BROADWAY  
OAKLAND CA 94612-1888

Mailing Address

1221 BROADWAY  
OAKLAND CA 94612-1837

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Attn: Tax Dept.  
Suite, Apt. #, etc.

27 P. O. Box 24305  
City & State

28 Oakland, CA

Zip

Country

29 94612

30 USA

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

94-3240523

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

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 ☐ DELETE

NAME  
AUSFAHL, WILLIAM F  
STREET ADDRESS  
20 INDIAN WELLS  
CITY-ST-ZIP  
MORAGA CA

TITLE ☐ DELETE

NAME  
MURRAY, DONALD C  
STREET ADDRESS  
316 BEDFORD PLACE  
CITY-ST-ZIP  
MORAGA CA

TITLE ☐ DELETE

NAME  
BIEBL, ANTHONY W  
STREET ADDRESS  
463 GREEN VIEW DR  
CITY-ST-ZIP  
WALNUT CREEK CA

TITLE ☐ DELETE

NAME  
HANSEN, RICHARD P  
STREET ADDRESS  
28 VIA BARCELONA  
CITY-ST-ZIP  
MORAGA CA

TITLE ☐ DELETE

NAME  
ROSE, KAREN M  
STREET ADDRESS  
239 MAGELLAN AVENUE  
CITY-ST-ZIP  
SAN FRANCISCO CA

TITLE ☐ DELETE

NAME  
CHARTERS, SUSAN A  
STREET ADDRESS  
29 NATHAN PLACE  
CITY-ST-ZIP  
DANVILLE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

April 21, 1997

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CR2E034 (9/96)