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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000002680 (4)

1. Corporation Name

CLOROX PRODUCTS MANUFACTURING COMPANY



Principal Place of Business

P.O. BOX 24305
OAKLAND CA 94612-1888
US

Mailing Address

P.O. BOX 24305
OAKLAND CA 94612-1888
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

94-3240523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 24305, Attn: Tax Dept.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE

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

11 TITLE T ☐ Change ☒ Addition

12 NAME HOUSE, S. D.
13 STREET ADDRESS 1221 Broadway
14 CITY-ST-ZIP Oakland, CA 94612

TITLE CD ☒ DELETE

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

21 TITLE CD ☐ Change ☒ Addition

22 NAME JOHNSTON, G. E.
23 STREET ADDRESS 1221 Broadway
24 CITY-ST-ZIP Oakland, CA 94612

TITLE P ☐ DELETE

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

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE V ☐ DELETE

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

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE T ☐ DELETE

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

51 TITLE VD ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE AT ☐ DELETE

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

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 Richard P. Hansen, Vice President 4/22/98

510-271-7000

CR2E034 (10/97)