

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90124 033 ***150.00

DOCUMENT # **F96000002680**

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
ATTN: TAX DEPT
OAKLAND CA 94623
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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	T	<input checked="" type="checkbox"/> DELETE
NAME	HOUSE, S.D.	
STREET ADDRESS	1221 BROADWAY	
CITY-ST-ZIP	OAKLAND CA 94612	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, G.E.	
STREET ADDRESS	1221 BROADWAY	
CITY-ST-ZIP	OAKLAND CA 94612	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BIEBL, ANTHONY W	
STREET ADDRESS	463 GREEN VIEW DR	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSEN, RICHARD P	
STREET ADDRESS	28 VIA BARCELONA	
CITY-ST-ZIP	MORAGA CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, KAREN M	
STREET ADDRESS	239 MAGELLAN AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	AT	<input type="checkbox"/> 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	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rose, Karen M	
1.3 STREET ADDRESS	1221 Broadway	
1.4 CITY-ST-ZIP	Oakland, CA 94612	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bewley, P.D.	
5.3 STREET ADDRESS	1221 Broadway	
5.4 CITY-ST-ZIP	Oakland, CA 94612	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE

RICHARD P. HANSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Hansen, Vice President

4/5/99

Date

(510)271-7000

Daytime Phone #

CR2E034 (1/98)

0560676