FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90226 046 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004873

1. Entity Name
DIVERSEY LEVER, INC.

Principal Place of Business	Mailing Address
14496 SHELDON RD., #210 PLYMOUTH, MI 48170	800 SYLVAN AVENUE A 24 ENGLEWOOD CLIFFS, NJ 07632 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
700 Sylvan Ave. Suite, Apt. #, etc.	700 Sylvan Ave. Suite, Apt. #, etc.
City & State: Englewood Cliffs, NJ	City & State: Englewood Cliffs, NJ
Zip: 07632 Country: USA	Zip: 07632 Country: USA

4. FEI Number: 62-1631875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KASTURIROUGOUS, VEUKATESH 3630 E. KEMPER RD CINCINNATI, OH 45202	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Robert S. Gluck 700 Sylvan Ave. Englewood Cliffs, NJ 07632	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERESFORD, JEFFERY 3630 E. KEMPER RD. CINCINNATI, OH 45202	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Philip G. Cohen 700 Sylvan Ave. Englewood Cliffs, NJ 07632	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAIUS, M 390 PARK AVE NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/Director David A. Schwartz 700 Sylvan Ave Englewood Cliffs, NJ 07632	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRICKLAND, DAVID J III 390 PARK AVE. NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Director Ronald M. Soiefer 700 Sylvan Ave Englewood Cliffs, NJ 07632	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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: Philip G Cohen VP 5/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #