## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000002887

Entity Name: THE PROCTER & GAMBLE DISTRIBUTING LLC

FILED Apr 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE PROCTER & GABLE PLAZA CINCINNATI, OH 45202 **Current Mailing Address: New Mailing Address:** ONE PROCTER & GABLE PLAZA CINCINNATI, OH 45202 FEI Number: 31-0411981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GILLETTE COMMERCIAL, OPERTATIONS NO R TH AMER Name: Name: P. O. BOX 599 Address: Address: City-St-Zip: CINCINNATI, OH 45201 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MCDONALD, R.A. Name: GEISSLER, WERNER Name: Address: ONE P&G PLAZA Address: ONE P&G PLAZA City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: CINCINNATI, OH 45202 Title: () Delete Title: (X) Change ( ) Addition DALEY, CLAYTON C JR MOELLER, JON R Name: Name: Address: ONE P&G PLAZA Address: ONE P&G PLAZA City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: CINCINNATI, OH 45202 Title: VT ( ) Delete Title: VΤ (X) Change ( ) Addition Name: MOELLER, JON R Name: LIST, TERI L Address: ONE P&G PLAZA Address: ONE P&G PLAZA City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: CINCINNATI, OH 45202 Title: () Delete Title: () Change () Addition WUNSCH, E.J. Name: Name: ONE P&G PLAZA Address: Address: City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KEMEN, T.E. Name: Name: Address: ONE P&G PLAZA Address: CINCINNATI, OH 45202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: T. E. KEMEN MR. 04/06/2009