2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N04000004513

Entity Name: JARDEN CONSUMER SOLUTIONS COMMUNITY FUND, INC.

Current Principal Place of Business:

2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2381 EXECUTIVE CENTER DRIVE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 54-2152547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HILL, ANDREW C
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete
Name: LEMONS, STEVEN E
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete
Name: MICHELS, VICTOR J
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete
Name: ASHKEN, IAN G. H
Address: 555 THEODORE FREMD AVE
City-St-Zip: RYE, NY 10580

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: CAPPS, JOHN
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Change (X) Addition
Name: TOTTE, ROBERT P
Address: 2381 EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CAPPS AS 03/25/2009

Electronic Signature of Signing Officer or Director — Date