P10548

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------------|
| | | |
| (Add | dress) | |
| V | , | |
| | | |
| (Add | dress) | |
| | | |
| (City | y/State/Zip/Phone | = #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| · | <u>—</u> | <u>—</u> |
| | | |
| (Bus | siness Entity Nan | ne) |
| | | |
| (Doc | cument Number) | |
| • | ŕ | |
| | - 125 | t Ot 1 |
| Certified Copies | _ Certificates | or Status |
| | | |
| Special Instructions to I | Filing Officer | |
| Openial monacions to t | mily officor. | |
| | | |
| | | |
| | | |
| ł | | |
| | | |
| | | |
| | | |
| | | |

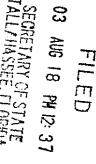
Office Use Only



200022250092

08/18/03--01034--001 **35.00





CT CORPORATION

August 18, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5902575 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

EVEREADY BATTERY COMPANY, INC. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| submits the following statement in order to change its registered office or registered agent, or letter the State of Florida. 1. The name of the corporation: Eveready Battery Company, Inc. 2. The mailing address of the corporation: 533 Maryville University Dr., St. Louis, MO 63141 | both, in |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 2. The mailing address of the corporation: 533 Maryville University Dr., | |
| | |
| | |
| | |
| 3. Date of incorporation/qualification: 6/24/86 Document number: P10542 | ဦ သ |
| | TILL TO |
| The Prentice-Hall Corporation System, Inc. | 11 00 Ju |
| 1201 Hays St. | 圣 |
| Tallahassee, FL 32301 | , (3) |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if charged) (P. O. Box Not Acceptable) | rged): |
| C T Corporation System | |
| c/o C T Corporation System, 1200 South Pine Island Road, | |
| Plantation, Florida 33324 | |
| The street address of its registered office and the street address of the business office of its reg agent, as changed, will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an offic authorized by the board. | er so |
| (Signature of an officer, chairman or vice chairman of the board) July 17, 2003 (Date) | |
| Sean L. Emerick, V.P. | |
| (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capa I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. CT Corporation System | icity. e |
| By: 71.5 Reen 7/17/03 | |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| M. S. Green HSSI . Q cy . (Capacity) | — |

* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314