

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10587 (4)

1. Corporation Name

FIRST BRANDS CORPORATION



Principal Place of Business

Mailing Address

TAX DEPARTMENT
P. O. BOX 1911
DANBURY, CONNECTICUT 06813-1911

TAX DEPARTMENT
P. O. BOX 1911
DANBURY, CONNECTICUT 06813-1911

3. Date Incorporated or Qualified 06/27/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 06-1171404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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	CCEO	<input type="checkbox"/> DELETE
NAME	DUDLEY, A.E.	
STREET ADDRESS	12 JACKSON CT.	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	STEPHENSON, W.V.	
STREET ADDRESS	204 LINDENTREE	
CITY-ST-ZIP	WILTON CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROWLAND, T.H.	
STREET ADDRESS	18 IRONWOOD DRIVE	
CITY-ST-ZIP	DANBURY CT	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	FUREY, JOSEPH B	
STREET ADDRESS	15 SULLIVAN FARM	
CITY-ST-ZIP	NEW MILFORD CT 06776	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	DESANTIS, D.A.	
STREET ADDRESS	7 HUSSARS CAMP PLACE	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHER, J.R.	
STREET ADDRESS	775 PARK AVE., APT. 10C	
CITY-ST-ZIP	NEW YORK NY 10021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT / CEO	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JOSEPH B. FUREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY

4/19/96 (203) 731-2463
Date Daytime Phone #

CR2E034 (12/95)