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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

06-1171404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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

84 City

FL

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME DUOLEY, A.E.  
STREET ADDRESS 12 JACKSON CT.  
CITY-ST-ZIP RIDGEFIELD CT

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PCEO  
NAME STEPHENSON, W.V.  
STREET ADDRESS 204 LINDENTREE  
CITY-ST-ZIP WILTON CT

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME ROWLAND, T.H.  
STREET ADDRESS 18 IRONWOOD DRIVE  
CITY-ST-ZIP DANBURY CT

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS  
NAME FUREY, JOSEPH B  
STREET ADDRESS 15 SULLIVAN FARM  
CITY-ST-ZIP NEW MILFORD CT 06778

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVPT  
NAME DESANTIS, D.A.  
STREET ADDRESS 7 HUSSARS CAMP PLACE  
CITY-ST-ZIP RIDGEFIELD CT 06877

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME MAHER, J.R.  
STREET ADDRESS 775 PARK AVE., APT. 10C  
CITY-ST-ZIP NEW YORK NY 10021

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH B. FUREY, V/D/SECRETARY 4/24/97 (203) 731-2463

Date

Daytime Phone #

CR2E034 (9/96)