

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 18 PM 3:00

DOCUMENT # P14946 (8)

1. Corporation Name

**BENCKISER CONSUMER PRODUCTS INC.**

Principal Place of Business

Mailing Address

55 FEDERAL ROAD  
P O BOX 1991  
DANBURY CT 06813-1991

55 FEDERAL ROAD  
P O BOX 1991  
DANBURY CT 06813-1991

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1987  
3a. Date of Last Report 05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

41-1585661

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

24 Zip 25 Country

29 Zip 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

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 in both 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 registered agent under Florida Statutes.

SIGNATURE

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DECHELLIS, AL
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT 06813-1991
TITLE	T
NAME	J. SCOTT BOHLING
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT 06813
TITLE	S
NAME	BARBARA TAYLOR
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT
TITLE	V
NAME	BOWEN, RON
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT
TITLE	V
NAME	TAYLOR, BARBARA
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT
TITLE	V
NAME	LONG, NATHAN
STREET ADDRESS	55 FEDERAL ROAD
CITY, ST, ZIP	DANBURY, CT

1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Douglas L. Meyer	
13. STREET ADDRESS	55 Federal Road	
14. CITY, ST, ZIP	Danbury, CT 06813	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
4. TITLE	Lawrence M. Woods	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	55 Federal Road	
43. STREET ADDRESS	Danbury, CT 06813	
44. CITY, ST, ZIP		
5. TITLE	Elio Leon-Screti	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	55 Federal Road	
53. STREET ADDRESS	Danbury, CT 06813	
54. CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer or trustee empowered to execute this report, as required by Chapter 807, Florida Statutes, and that my name appears as Block 12 of Block 13 of completed or supplemental filing with an addition.

SIGNATURE:

*[Handwritten Signature]* Scott Bohling 1-10-95 209-731-500

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SYSTEM FEE \$