

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14946 (8)**

1. Corporation Name  
**BENCKISER CONSUMER PRODUCTS INC.**



Principal Place of Business: **55 FEDERAL ROAD P O BOX 1991 DANBURY CT 06813-1991**  
Mailing Address: **55 FEDERAL ROAD P O BOX 1991 DANBURY CT 06813-1991**

3. Date Incorporated or Qualified: **06/23/1987**  
3a. Date of Last Report: **01/18/1995**  
4. FEI Number: **41-1585661**  
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

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

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: **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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent: \_\_\_\_\_  
Date of Registered Agent signature required when non-binding: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MEYER, DOUGLAS L</b>		2. NAME:	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		3. STREET ADDRESS:	
CITY-STATE-ZIP: <b>DANBURY CT</b>		4. CITY-STATE-ZIP:	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> DELETE	2. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Treasurer</b>
NAME: <b>J. SCOTT BOHLING</b>		22. NAME: <b>JEFF CARR</b>	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		23. STREET ADDRESS: <b>55 Federal Road</b>	
CITY-STATE-ZIP: <b>DANBURY CT 06813</b>		24. CITY-STATE-ZIP: <b>Danbury, CT 06813</b>	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>BARBARA TAYLOR</b>		32. NAME:	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		33. STREET ADDRESS:	<b>5.00001726175</b>
CITY-STATE-ZIP: <b>DANBURY CT</b>		34. CITY-STATE-ZIP:	<b>-02/28/96--01015--009</b>
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>***200.00</b>
NAME: <b>WOODS, LAWRENCE M</b>		42. NAME:	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		43. STREET ADDRESS:	
CITY-STATE-ZIP: <b>DANBURY CT</b>		44. CITY-STATE-ZIP:	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Vice President</b>
NAME: <b>LEONI-SCETI, ELIO</b>		52. NAME: <b>Ken Hawver</b>	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		53. STREET ADDRESS: <b>55 Federal Road</b>	
CITY-STATE-ZIP: <b>DANBURY CT</b>		54. CITY-STATE-ZIP: <b>Danbury, CT 06813</b>	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>LONG, NATHAN</b>		62. NAME:	
STREET ADDRESS: <b>55 FEDERAL ROAD</b>		63. STREET ADDRESS:	
CITY-STATE-ZIP: <b>DANBURY CT</b>		64. CITY-STATE-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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeff Carr*

2/15/96

Date: 2-17-96 50