

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90002 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # P1496

1. Corporation Name

BENCKISER CONSUMER PRODUCTS, INC.

Principal Place of Business GREENWICH AMERICAN CENTRE FIVE AMERICAN LANE P.O. BOX 2513 GREENWICH, CT 06831-2513	Mailing Address GREENWICH AMERICAN CENTRE FIVE AMERICAN LANE P.O. BOX 2513 GREENWICH, CT 06831-2513
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1987

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 41-1585661	Applied For <input type="checkbox"/> Yes <input checked="" 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEYER, DOUGLAS L	
STREET ADDRESS	FIVE AMERICAN LANE	
CITY - ST - ZIP	GREENWICH, CT 06831	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARR, JEFF	
STREET ADDRESS	FIVE AMERICAN LANE	
CITY - ST - ZIP	GREENWICH, CT 06831	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, BARBARA	
STREET ADDRESS	FIVE AMERICAN LANE	
CITY - ST - ZIP	GREENWICH, CT 06831	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODS, LAWRENCE	
STREET ADDRESS	FIVE AMERICAN LANE	
CITY - ST - ZIP	GREENWICH, CT 06831	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEEKES, JOHN	
STREET ADDRESS	FIVE AMERICAN LANE	
CITY - ST - ZIP	GREENWICH, CT 06831	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PLEASE SEE ATTACHED LIST FOR DIRECTORS
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

547739-90002-7
P 1496

Benckiser Consumer Products, Inc.

FEIN: 41-1585661

Officers

Douglas L. Meyer 5 American Lane Greenwich, CT 06831	President
Barbara M. Taylor 5 American Lane Greenwich, CT 06831	Vice President, Human Resources, Secretary
John Weekes 5 American Lane Greenwich, CT 06831	Vice President, Operations
Lawrence M. Woods 5 American Lane Greenwich, CT 06831	Vice President, Sales
Jeff Carr 5 American Lane Greenwich, CT 06831	Vice President, Finance, Treasurer

Directors

Bart Becht
Joh. A. Benckiser GmbH
Ludwig-Betram-Strasse 8 & 10
Postfach 210167
D6700 Ludwigshafen
Germany

Peter Harf
Joh. A. Benckiser GmbH
Ludwig-Betram-Strasse 8 & 10
Postfach 210167
D6700 Ludwigshafen
Germany

Manfred Klein
Joh. A. Benckiser GmbH
Ludwig-Betram-Strasse 8 & 10
Postfach 210167
D6700 Ludwigshafen
Germany