

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P21429

1. Entity Name
NEUTROGENA CORPORATION



Principal Place of Business
**5755 WEST 96TH STREET
LOS ANGELES, CA 90045**

Mailing Address
**5760 W. 96TH ST.
LOS ANGELES, CA 90045 US**



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2221471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCNAMARA, MICHAEL
STREET ADDRESS	5760 WEST 96TH STREET
CITY - ST - ZIP	LOS ANGELES, CA
TITLE	AS
NAME	BERLIN, K.A.
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA
CITY - ST - ZIP	NEW BRUNSWICK, NJ
TITLE	S
NAME	HILTON, J R
STREET ADDRESS	1 JOHNSON & JOHNSON PLAZA
CITY - ST - ZIP	NEW BRUNSWICK, NJ
TITLE	VP
NAME	REBACK, MITCH
STREET ADDRESS	5760 W 96TH ST
CITY - ST - ZIP	NEW BRUNSWICK, NJ 90045
TITLE	S
NAME	MALIN, DONNA
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA
CITY - ST - ZIP	NEW BRUNSWICK, NJ 08933
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/18/05-80012-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

MITCH REBACK
V.P. FINANCE

7/9/05

Date

(310)216-5330

Daytime Phone #