


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21429</b> 1. Entity Name NEUTROGENA CORPORATION	
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Principal Place of Business 5755 WEST 96TH STREET LOS ANGELES, CA 90045	Mailing Address 5760 W. 96TH ST. LOS ANGELES, CA 90045 US
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04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-2221471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000552004  
05/13/06-90121-014 150.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

*4/26/05*  
Date

*(310) 216-5330*  
Daytime Phone #