

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21429

FILED
May 12, 2009
Secretary of State

Entity Name: NEUTROGENA CORPORATION

Current Principal Place of Business:

5755 WEST 96TH STREET
LOS ANGELES, CA 90045

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 95-2221471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLERAN, JAMES
Address: 5760 W. 96TH ST
City-St-Zip: LOS ANGELES, CA 90045

Title: S () Delete
Name: HILTON, J R
Address: 1 JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ

Title: VP () Delete
Name: REBACK, MITCH
Address: 5760 W 96TH ST
City-St-Zip: NEW BRUNSWICK, NJ 90045

Title: AS () Delete
Name: BARR, JAMES
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: S () Delete
Name: DAIGNEAULT, MICHELLE
Address: 1 JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCH REBACK

VP F

05/12/2009

Electronic Signature of Signing Officer or Director

Date