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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90109 018 ***150.00

DOCUMENT # P22877

1. Corporation Name
RECKITT & COLMAN INC.

Principal Place of Business	Mailing Address
1655 VALLEY ROAD P.O. BOX 943 WAYNE NJ 07474-0943	1655 VALLEY ROAD P.O. BOX 943 WAYNE NJ 07474-0943

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/06/1989

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 16-1095651 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, M		1.2 NAME		
STREET ADDRESS	54 SUMMER HILL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 07474		1.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, STEPHEN J		2.2 NAME		
STREET ADDRESS	558 TAUNTON RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WYCHKOFF NJ		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, LAWRENCE J.		3.2 NAME		
STREET ADDRESS	397 HILLSIDE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALLENDALE NJ		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEENECK, CRAIG D		4.2 NAME		
STREET ADDRESS	87 AGAWAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE N		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEELEY, MARTIN S		5.2 NAME		
STREET ADDRESS	136 NORTH MONROE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEWOOD N		5.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATTNER, J M		6.2 NAME		
STREET ADDRESS	64 WILLOW ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ELMWOOD PARK NJ 07407		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

201-973-3600

SIGNATURE: Stephan A. Kuhl REQUIRED Corporate Development and Treasurer 4-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #