

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90235 029 ***550.00

0131804 AT

DOCUMENT # P22877

1. Entity Name
RECKITT BENCKISER INC.

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

Mailing Address
1655 VALLEY ROAD
P.O. BOX 943
WAYNE NJ 07474-0943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1095651**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **VS YOUNG, M** ☒ Delete
 STREET ADDRESS **54 SUMMER HILL RD**
 CITY-ST-ZIP **WAYNE NJ 07474**

TITLE
 NAME **VICE President & General Counsel** ☐ Change ☒ Addition
 STREET ADDRESS **Guidry, John R.**
 CITY-ST-ZIP **480 Laurel Lane Kinnelon, NJ 07405**

TITLE
 NAME **AT TUCKER, STEPHEN J** ☐ Delete
 STREET ADDRESS **558 TAUNTON RD.**
 CITY-ST-ZIP **WYCHKOFF NJ**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VPC SMITH, TREVOR K** ☐ Delete
 STREET ADDRESS **915 BURGANDY WAY**
 CITY-ST-ZIP **WAYNE NJ 07470**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **AS FARRELL, TERRACE J** ☐ Delete
 STREET ADDRESS **204 GARDNER ROAD**
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE
 NAME **Secretary** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **SVP PENNER, ELLIOT J** ☐ Delete
 STREET ADDRESS **11 CARRIAGE HOUSE DRIVE**
 CITY-ST-ZIP **SPARTA NJ 07871**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **T MATTNER, J M** ☐ Delete
 STREET ADDRESS **64 WILLOW ST**
 CITY-ST-ZIP **ELMWOOD PARK NJ 07407**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-01 973-633-3632

Date

Daytime Phone #

CR2E034 (5/01)