## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2002 8:00 am Secretary of State DOCUMENT # P22877 1. Entity Name 04-04-2002 90011 003 \*\*\*150.00 RECKITT BENCKISER INC. Principal Place of Business Mailing Address 1655 VALLEY ROAD 1655 VALLEY ROAD P.O. BOX 943 P.O. BOX 943 WAYNE NJ 07474-0943 WAYNE NJ 07474-0943 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 16-1095651 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 🤼 📜 Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VPGC** Addition TITLE ☐ Delete TITLE ☐ Change GUIDRY, JOHN R NAME NAME **480 LAUREL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KINNELON NJ 07405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TUCKER, STEPHEN J NAME 558 TAUNTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WYCHKOFF NJ CITY-ST-ZIP TITLE **VPC** Delete TITLE ☐ Change Addition NAME SMITH, TREVOR K NAME STREET ADDRESS 915 BURGANDY WAY STREET ADDRESS CITY-ST-ZIP Wayne nj 07470 CITY-ST-ZIP TITLE S Delete TITLE □ Change ☐ Addition FARRELL, TERRACE J NAME NAME STREET ADDRESS 204 GARDNER ROAD STREET ADDRESS CITY-ST-ZIP RIDGEWOOD NJ 07450 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PENNER, ELLIOT J NAME NAME STREET ADDRESS 11 CARRIAGE HOUSE DRIVE STREET ADDRESS CITY-ST-ZIP SPARTA NJ 07871 CITY-ST-ZIP XX Delete TIT) F TITLE □ Change ☐ Addition MATTNER, J M NAME NAME STREET ADORESS 64 WILLOW ST STREET ADDRESS CITY-ST-ZIP **ELMWOOD PARK NJ 07407** 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 articless. Afth all they like empowered.

en J. Tucker, Asst Treasurer

SIGNATURE:

03/28/02

973/633-2678 Daytime Phone #