

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90715 021 ***150.00

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**



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPGC** ☐ Delete
NAME **GUIDRY, JOHN R**
STREET ADDRESS **480 LAUREL LANE**
CITY-ST-ZIP **KINNELON NJ 07405**

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

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

TITLE **SVP** ☐ Change ☒ Addition
NAME **Ahmed, Javed**
STREET ADDRESS **1655 Valley Road**
CITY-ST-ZIP **Wayne, NJ 07470**

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

TITLE **SVP** ☐ Change ☒ Addition
NAME **Carr, Jeffrey**
STREET ADDRESS **3 Hunt Court**
CITY-ST-ZIP **Ridgefield, CT 06877**

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

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

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

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

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

TITLE **T** ☐ Change ☒ Addition
NAME **Hibbert, Phil**
STREET ADDRESS **1655 Valley Road**
CITY-ST-ZIP **Wayne, NJ 07470**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

973 633 3768

Date

Daytime Phone #

CR2E034 (10/02)