

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28488

Entity Name: CONOPCO, INC.

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632

New Principal Place of Business:

Current Mailing Address:

700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632

New Mailing Address:

FEI Number: 13-1840427

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: STRAUSS, CHARLES B
Address: 600 CATAMOUNT RD
City-St-Zip: FAIRFIELD, CT 06430

Title: VP () Delete
Name: KRANTZ, JOHN
Address: 700 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: VP () Delete
Name: LAIUS, M
Address: 28 MEADOW BROOK LANE
City-St-Zip: CHATHAM, NJ 07928

Title: VP () Delete
Name: SOIFER, R M
Address: 300 EAST COAST 40TH ST., APT 12T
City-St-Zip: NEW YORK, NY 10016

Title: AT () Delete
Name: WESCHE, JR., ROBERT J
Address: 700 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: V () Delete
Name: COHEN, PHILIP G
Address: 700 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RICE, JOHN W
Address: 700 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632 US

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

Title: VP (X) Change () Addition
Name: MANWANI, HARISH
Address: 700 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

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 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 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: ROBERT J WESCHE, JR.

AT

01/20/2005

Electronic Signature of Signing Officer or Director

Date