

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000945

**Entity Name:** SCA PERSONAL CARE, INC.**Current Principal Place of Business:**2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19380**Current Mailing Address:**2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19380**FEI Number:** 23-3036384**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title VP  
Name ZEPEDA, BRUNO  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title PRESIDENT  
Name LEWIS, DONALD  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title S  
Name GORMAN, KEVIN S  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title D  
Name CASAMENTO, MICHAEL  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title D  
Name ZEPEDA, BRUNO  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title D  
Name LEWIS, DONALD  
Address 2929 ARCH ST STE 2600  
City-State-Zip: PHILADELPHIA PA 19104

Title VICE PRESIDENT  
Name CASAMENTO, MICHAEL  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title VICE PRESIDENT  
Name BELLCOURT, AMY  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

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*I hereby 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 all other like empowered.*

**SIGNATURE: GILBERTO MARTINEZ****ASST SECRETARY****04/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT  
Name O'ROURKE, JOHN  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title VICE PRESIDENT  
Name JANSEN, MICHAEL  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title ASST SECRETARY  
Name KUNDA, CATHERINE  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title ASST SECRETARY  
Name DUNN, CHERYL  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title VICE PRESIDENT  
Name ALBRECHT, FREDERICK  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title ASST SECRETARY  
Name MARTINEZ, GILBERTO  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title ASST SECRETARY  
Name LOPEZ, ENRIQUE  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380