

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211507500

1.) CORPORATION NAME:

HENKEL CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

DUE DATE: **4/30/2011**

SCC ID NO: **F0610701**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFER	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE HENKEL WAY

CITY/ST/ZIP: ROCKY HILL, CT 06067-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JEFFREY C PICCOLOMINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CFO/DIR		
ADDRESS:	ONE HENKEL WAY		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-		
NAME:	RAPHAELA DOHM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	ONE HENKEL WAY		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-		
NAME:	PAUL R BERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CLO/SEC		
ADDRESS:	ONE HENKEL WAY		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-		
NAME:	JULIAN O COLQUITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE HENKEL WAY		
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-		
NAME:	JAN-DIRK AURIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	HENKELSTRABE 67		
CITY/ST/ZIP/CO:	DUSSELDORF, 40589-, GERMANY		

NAME: AMY SPAN-WERGELES TITLE: ASST SECRETARY ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GREGORY GAGLIONE TITLE: VP & Asst. Sec. ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN PREYSNER TITLE: VP & Asst. Secy ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JULIAN O. COLQUITT TITLE: PRESIDENT ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: M. MARGARET BANAS TITLE: VP & Asst. Secy ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BRAD GAZAWAY TITLE: VP & Asst. Secy ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL BIONDOLILLO TITLE: SVP, HR ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM CARMICHAEL TITLE: VP, Tax ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SEAN LARMON TITLE: ASST TREASURER ADDRESS: ONE HENKEL WAY CITY/ST/ZIP/CO: ROCKY HILL, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ GREGORY GAGLIONE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY GAGLIONE, VP & Asst. Sec. _____ PRINTED NAME AND CORPORATE TITLE
4/12/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	