

1.) CORPORATION NAME:

Playtex Manufacturing, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1533738**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 533 MARYVILLE UNIVERSITY DR
CITY/ST/ZIP: ST LOUIS, MO 63141

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: DAVID HATFIELD TITLE: P/CEO ADDRESS: 533 MARYVILLE UNIVERSITY CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM C FOX TITLE: VP/T ADDRESS: 533 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID R WEGNER TITLE: VP-TAXES ADDRESS: 533 MARYVILLE UNIVERSITY CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WARD M KLEIN TITLE: OFFICER ADDRESS: 533 MARYVILLE UNIVERSITY DRIVE CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK LAGVINE TITLE: SECRETARY ADDRESS: 533 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Daniel S Sescleifer TITLE: VICE PRESIDENT ADDRESS: 533 Maryville University Drive CITY/ST/ZIP/CO: Saint Louis, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: John McColgan TITLE: VICE PRESIDENT ADDRESS: 533 Maryville University Drive CITY/ST/ZIP/CO: Saint Louis, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Sandra J. Sheldon TITLE: VICE PRESIDENT ADDRESS: 533 Maryville University Drive CITY/ST/ZIP/CO: Saint Louis, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Peter J. Conrad TITLE: VICE PRESIDENT ADDRESS: 533 Maryville University Drive CITY/ST/ZIP/CO: Saint Louis, MO 63141	<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/ DAVID R WEGNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID R WEGNER, VP-TAXES PRINTED NAME AND CORPORATE TITLE	10/24/2012 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.		