

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

Playtex Manufacturing, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1533738**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	533 MARYVILLE UNIVERSITY		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	PETER J. CONRAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	WILLIAM C FOX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	533 MARYVILLE UNIVERSITY DR		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	JOHN MCCOLGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	DANIEL S SESCLEIFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	SANDRA J. SHELDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		

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
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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
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NAME: MARK LAGVINE TITLE: PRESIDENT ADDRESS: 533 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID S. VERNOOY 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
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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	DAVID R WEGNER, VP-TAXES	11/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.