

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848380

Entity Name: THE IAMS COMPANY**Current Principal Place of Business:**THE IAMS COMPANY
ONE PROCTER & GAMBLE PLAZA
CINCINNATI, OH 45202**Current Mailing Address:**THE IAMS COMPANY/ATTN: TAX DIV
PO BOX 599
CINCINNATI, OH 45201**FEI Number:** 31-0581456**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	TAYLOR, DAVID S
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

Title	VPF
Name	MOELLER, JON R
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

Title	VP/T
Name	SHEPPARD, VALARIE L
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

Title	VP/C
Name	SHEPPARD, VALARIE L
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

Title	S
Name	WHALEY, SUSAN S
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

Title	AS
Name	KEMEN, TOM E
Address	ONE PROCTER & GAMBLE PLAZA
City-State-Zip:	CINCINNATI OH 45202

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: TOM E KEMEN**ASSISTANT SECRETARY** 03/19/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date