

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 167513

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**8364073141CC**

**Entity Name:** DEVCON INTERNATIONAL CORP.

**Current Principal Place of Business:**

C/O GOLDEN GATE PRIVATE EQUITY, INC.  
ONE EMBARCADERO CENTER, 39TH FLOOR  
SAN FRANCISCO, CA 94111

**Current Mailing Address:**

ATTN: DEVCON INTERNATIONAL CORP  
P.O. BOX 142  
PAYSON, UT 84651 US

**FEI Number:** 59-0671992

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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, TREASURER  
Name            OETGEN , STEPHEN D.  
Address        C/O GOLDEN GATE CAPITAL  
                  ONE EMBARCADERO CENTER, 39TH  
                  FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title            VP, SECRETARY  
Name            HASPEL , DAN  
Address        C/O GOLDEN GATE CAPITAL  
                  ONE EMBARCADERO CENTER, 39TH  
                  FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title            DIRECTOR  
Name            PRESCOTT, ASHE  
Address        C/O GOLDEN GATE CAPITAL  
                  ONE EMBARCADERO CENTER, 39TH  
                  FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title            GENERAL MANAGER  
Name            KNAPP, CARRIE  
Address        C/O GOLDEN GATE CAPITAL  
                  ONE EMBARCADERO CENTER, 39TH  
                  FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

*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:** DAN HASPEL

**VP, SECRETARY, BY**  
**LAUREN DUEMIG,**  
**ATTORNEY-IN-FACT**

**04/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

