

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005746

**Entity Name:** SENSIENT COLORS LLC**Current Principal Place of Business:**777 EAST WISCONSIN AVE.  
MILWAUKEE, WI 53202**Current Mailing Address:**777 EAST WISCONSIN AVE.  
MILWAUKEE, WI 53202**FEI Number:** 13-5185700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH 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

**Authorized Person(s) Detail :**

Title MGRM  
Name SENSIENT TECHNOLOGIES CORPORATION  
Address 777 EAST WISCONSIN AVENUE, SUITE 1100  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name WATSON, LEROY C  
Address 777 EAST WISCONSIN AVE.  
City-State-Zip: MILWAUKEE WI 53202-5304

Title TREA  
Name PLAUTZ, DAVID  
Address 777 EAST WISCONSIN AVE.  
City-State-Zip: MILWAUKEE WI 53202-5304

Title CFO  
Name HOFFMAN, ANDREW  
Address 2515 NORTH JEFFERSON  
City-State-Zip: ST LOUIS MO 63103-1903

Title PRESIDENT  
Name GERAGHTY, MICHAEL  
Address 2515 NORTH JEFFERSON  
City-State-Zip: ST. LOUIS MO 63103-1903

Title ASEC  
Name AGALLAR, AMY  
Address 777 EAST WISCONSIN AVE.  
City-State-Zip: MILWAUKEE WI 53202-5304

Title ASST. TREASURER  
Name BABICH, COLLEEN  
Address 777 EAST WISCONSIN AVE.  
City-State-Zip: MILWAUKEE WI 53202

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** COLLEEN BABICH**ASSISTANT TREASURER** 04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date