2021 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

FILED Apr 20, 2021

Secretary of State

8932671980CC

Date

Authorized Person(s) Detail:

Title MGRM Title PRESIDENT

Name SENSIENT TECHNOLOGIES Name GERAGHTY, MICHAEL

CORPORATION Address 2515 NORTH JEFFERSON

Address 777 EAST WISCONSIN AVENUE, SUITE 1100 City-State-Zip: ST. LOUIS MO 63103-1903

City-State-Zip: MILWAUKEE WI 53202

Title ASEC

Title VP Name AGALLAR, AMY

Name WATSON, LEROY C Address 777 EAST WISCONSIN AVE.

Address 777 EAST WISCONSIN AVE. City-State-Zip: MILWAUKEE WI 53202-5304

City-State-Zip: MILWAUKEE WI 53202-5304
Title ASST. TREASURER

Title TREA Name BABICH, COLLEEN

Name PLAUTZ, DAVID Address 777 EAST WISCONSIN AVE.

Address 777 EAST WISCONSIN AVE. City-State-Zip: MILWAUKEE WI 53202

City-State-Zip: MILWAUKEE WI 53202-5304

Title CFO

Name HOFFMAN, ANDREW

Address 2515 NORTH JEFFERSON

City-State-Zip: ST LOUIS MO 63103-1903

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 04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail