

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002258

Entity Name: GRIFFIN INDUSTRIES LLC

Current Principal Place of Business:

4221 ALEXANDRIA PIKE
COLD SPRING, KY 41076

Current Mailing Address:

5601 N MACARTHUR
IRVING, TX 75038 US

FEI Number: 61-0563460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Authorized Person(s) Detail :

Title MGR
Name STUEWE, RANDALL C
Address 5601 N MACARTHUR BLVD
City-State-Zip: IRVING TX 75038

Title SECRETARY
Name STERLING, JOHN
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title SENIOR VICE PRESIDENT
Name RATH, MICHAEL L
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title CHIEF ADMINSTRATIVE OFFICER
Name MUSE, JOHN
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title CHIEF TAX OFFICER, ASST. SECRETARY
Name STEVENS, LYLE
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title CFO
Name PHILLIPS, BRAD
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title ASST. SECRETARY
Name BARNETT, BRAD
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

Title TREASURER
Name VAN STEENPAAL, MARTIJN
Address 5601 N MACARTHUR
City-State-Zip: IRVING TX 75038

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: BRAD BARNETT

ASSISTANT SECRETARY 02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date