

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008597

**Entity Name:** DSM NUTRITIONAL PRODUCTS, LLC

**Current Principal Place of Business:**

45 WATERVIEW BLVD  
PARSIPPANY, NY 07054

**Current Mailing Address:**

45 WATERVIEW BLVD  
PARSIPPANY, NY 07054

**FEI Number: 27-4085144**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 WELSH, HUGH C  
Address 45 WATERVIEW BLVD  
City-State-Zip: PARSIPPANY NY 07054

Title TAX OFFICER  
Name STRASSER, ROBERT  
Address 45 WATERVIEW BLVD  
City-State-Zip: PARSIPPANY NY 07054

*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: ROBERT STRASSER**

**TAX OFFICER**

**04/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date