2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008597

FILED
Apr 16, 2018
Secretary of State
CC9103582508

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	MANAGER, PRESIDENT, SECRETARY
Name	WELSH, HUGH C
Address	45 WATERVIEW BLVD
City-State-Zip:	PARSIPPANY NY 07054

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

Title	VP, CFO, TREASURER
Name	SACCHIERO, MELISSA
Address	45 WATERVIEW BLVD
City-State-Zip:	PARSIPPANY NY 07054

Title	ASST. TREASURER
Name	SNYDER, TRACEY
Address	45 WATERVIEW BLVD
City-State-Zip:	PARSIPPANY NY 07054

Title	ASST. TREASURER
Name	TERRACCIANO, JOHN
Address	45 WATERVIEW BLVD
City-State-Zip:	PARSIPPANY NY 07054

Title	ASST. SECRETARY
Name	STEPHANS, JASON
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: CARLA COLLINS — TAX OFFICER — 04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date