

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000000385

Entity Name: HASKEL INTERNATIONAL, LLC

Current Principal Place of Business:

800-A BEATY STREET
DAVIDSON, NC 28036

Current Mailing Address:

800-A BEATY STREET
DAVIDSON, NC 28036 US

FEI Number: 95-4107640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 MEMBER
Name MILTON ROY, LLC
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title PRESIDENT
Name KENDALL-JONES, NICK
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title VP
Name LEMAITRE, GREGOIRE
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title SECRETARY
Name SCHIESL, ANDREW
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title TREASURER
Name LEI, ZUFENG BENJAMIN
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title ASSISTANT SECRETARY
Name BETZ, KIMBERLY A.
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR
Name SCHIESL, ANDREW
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR
Name SCESKE, MIKE
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036

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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: MIKE SCESKE

DIRECTOR

04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT TREASURER
Name BARROS, FRANCISCO DE
Address 800-A BEATY STREET
City-State-Zip: DAVIDSON NC 28036