2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803990

Entity Name: NESTLE PURINA PETCARE COMPANY

Current Principal Place of Business:

1812 N MOORE STREET
NESTLE TAX DEPARTMENT
ARLINGTON, VA 22209

Current Mailing Address:

1812 N MOORE STREET
NESTLE TAX DEPARTMENT
ARLINGTON, VA 22209 US

FEI Number: 43-0470580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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

Officer/Director Detail :

Title	P, DIRECTOR		Title	VP, DIRECTOR
Name	KRUEGER, NINA LEIGH		Name	HELFER, OLIVIER
Address	1 CHECKERBOARD SQUARE		Address	1 CHECKERBOARD SQUARE
City-State-Zip:	ST. LOUIS MO 63164		City-State-Zip:	ST. LOUIS MO 63164
Title	T		Title	S
Name	NEELY, ALEXANDRA		Name	DENIGAN, SUSAN M
Address	1812 N MOORE ST.		Address	1 CHECKERBOARD SQUARE
City-State-Zip:	ARLINGTON VA 22209		City-State-Zip:	ST. LOUIS MO 63164
Title	D		Title	VP
Name	DEGNAN, STEPHEN		Name	BEAR, JOHN J
Address	1 CHECKERBOARD SQUARE		Address	1 CHECKERBOARD SQUARE
City-State-Zip:	ST. LOUIS MO 63164		City-State-Zip:	ST. LOUIS MO 63164
Title	ASST. TREASURER			
Name	INGRAM, BRIAN			
Address	1812 N MOORE STREET			
City-State-Zip:	ARLINGTON VA 22209			

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN INGRAM   ASST TREASURER   04/21/2021

        Electronic Signature of Signing Officer/Director Detail   Date