

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812408

Entity Name: H. B. FULLER, COMPANY

Current Principal Place of Business:

1200 WILLOW LAKE BOULEVARD
ST. PAUL, MN 55110-5101

Current Mailing Address:

P.O. BOX 64683
ST. PAUL, MN 55164-0683 US

FEI Number: 41-0268370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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

Officer/Director Detail :

Title DIRECTOR
Name HANDLEY, THOMAS W.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name HILADO, MARIA TERESA
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name LOSH, J. MICHAEL
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name PARRINI, DANTE C.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name SIMONDS, ANN W.H.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name VAN RODEN, JOHN C. JR.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title DIRECTOR
Name VAN SANT, R. WILLIAM
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title SECRETARY
Name KEENAN, TIMOTHY J.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

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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 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: CHERYL ANN REINITZ

TREASURER

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MITAU, LEE R.
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title PRESIDENT, DIRECTOR
Name OWENS, JAMES J
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101

Title TREASURER
Name REINITZ, CHERYL ANN
Address 1200 WILLOW LAKE BOULEVARD
City-State-Zip: ST. PAUL MN 55110-5101