

**2015 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            PRESIDENT  
Name            OWENS, JAMES J  
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

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

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

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

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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**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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