

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838210

**Entity Name:** MACDERMID, INCORPORATED

**Current Principal Place of Business:**

383 MAIN STREET  
NORWALK, CT 06851

**Current Mailing Address:**

383 MAIN STREET  
NORWALK, CT 06851 US

**FEI Number: 06-0435750**

**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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DORMAN, CAREY  
Address        500 EAST BROWARD BLVD, SUITE  
                  1860  
City-State-Zip: FORT LAUDERDALE FL 33394

Title            ASST. SECRETARY  
Name            MICHELS, VICTOR J.  
Address        500 EAST BROWARD BLVD, SUITE  
                  1860  
City-State-Zip: FORT LAUDERDALE FL 33394

Title            SECRETARY, DIRECTOR  
Name            CAPPS, JOHN  
Address        500 EAST BROWARD BLVD, SUITE  
                  1860  
City-State-Zip: FORT LAUDERDALE FL 33394

Title            TREASURER  
Name            BRAUER, DENIS  
Address        500 EAST BROWARD BLVD, SUITE  
                  1860  
City-State-Zip: FORT LAUDERDALE FL 33394

*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: JOHN CAPPS**

**SECRETARY**

**04/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date