

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006438

**Entity Name:** CHEMED CORPORATION**Current Principal Place of Business:**255 EAST FIFTH STREET  
SUITE 2600  
CINCINNATI, OH 45202**Current Mailing Address:**255 EAST FIFTH STREET  
SUITE 2600-AMY ESCHENBACH  
CINCINNATI, OH 45202 US**FEI Number:** 31-0791746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH 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 PCEO, DIRECTOR  
Name MCNAMARA, KEVIN J  
Address 255 EAST FIFTH STREET, SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title EVP  
Name LEE, SPENCER S  
Address 255 EAST FIFTH STREET, SUITE 2500  
City-State-Zip: CINCINNATI OH 45202

Title AT  
Name MANGINE, ROBERT E  
Address 255 EAST 5TH STREET, SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title VP, SEC & CHIEF LEGAL OFFICER  
Name JUDKINS, BRIAN C.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title CFOEVP  
Name WILLIAMS, DAVID P  
Address 255 EAST FIFTH STREET, SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title EVP  
Name WESTFALL, NICHOLAS M.  
Address 255 EAST FIFTH STREET, SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title CHAIRMAN OF THE BOARD,  
DIRECTOR  
Name WALSH, GEORGE J. III  
Address ONE CHASE MANHATTAN PLAZA  
City-State-Zip: NEW YORK NY 10005

Title VP, CAO  
Name REINHARD, LISA A.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

**Continues on page 2**

*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: ROBERT E MANGINE****ASST. TREASURER****03/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name HUTTON, THOMAS C.  
Address ONE ROCKEFELLER PLAZA  
SUITE 1510  
City-State-Zip: NEW YORK NY 10020

Title ASST VP  
Name PAINTER, JACK W.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASST CONTROLLER  
Name EATON, JAMES E.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY  
Name FIECHTNER, MARIAN E.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name GEMUNDER, JOEL F.  
Address 5910 SENTINEL RIDGE  
City-State-Zip: CINCINNATI OH 45243

Title DIRECTOR  
Name LINDELL, ANDREA R.  
Address 255 E 5TH ST  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name SAUNDERS, DONALD E.  
Address 255 E 5TH ST  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title AVP  
Name MCNAMARA, NATHAN J  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title VP  
Name JUDKINS, BRIAN C  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name HEANEY, CHRISTOPHER

Title VP, ASST CONTROLLER  
Name WITZEMAN, MICHAEL  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASST CONTROLLER  
Name SCHMIDT, HOLLEY R.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY  
Name WARNER, SHERRI L.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY  
Name ROBERTS, PENNIE L.  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name GRACE, PATRICK P.  
Address 1100 PARK AVENUE  
City-State-Zip: NEW YORK NY 10128

Title DIRECTOR  
Name RICE, THOMAS P.  
Address 255 E 5TH ST  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title VP  
Name ZARICK, GREGORY A  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title ASSISTANT CONTROLLER  
Name TERRILL, JULIE A  
Address 255 EAST FIFTH STREET  
SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name DELYONS, RON  
Address 2692 MADISON ROAD  
SUITE N1-313  
City-State-Zip: CINCINNATI OH 45208

Address 10817 CLIFFVIEW DRIVE

City-State-Zip: SOUTH LYON MI 48178