

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001622

**Entity Name:** NEWMARKET INTERNATIONAL, INC.

**Current Principal Place of Business:**

75 NEW HAMPSHIRE AVENUE  
SUITE 300  
PORTSMOUTH, NH 03801

**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC7076707821**

**Current Mailing Address:**

75 NEW HAMPSHIRE AVENUE  
SUITE 300  
PORTSMOUTH, NH 03801

**FEI Number: 04-2897932**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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 CHAIRMAN  
Name MAROTO, LUIS  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

Title DIR  
Name PEREZ-LOZAO, FRANCISCO  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

Title DIRECTOR  
Name HANSEN PECK, SABINE  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

Title CEO  
Name HISCOX, JEFFERY J  
Address 29 TRILLIUM LANE  
City-State-Zip: CHESTER NH 03036

Title TREASURER  
Name SMAHA, KENNETH J  
Address 11 GLEN ROAD  
City-State-Zip: FALMOUTH FORESIDE ME 04105

Title DIRECTOR  
Name COUTUIER, HERVE  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

Title DIRECTOR  
Name EDWARDS, JEFF  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

Title SECRETARY  
Name NICHOLAS, PHILIP  
Address SALVADOR DE MADARIAGA  
1  
City-State-Zip: MADRID E-28027

**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: KENNETH J. SMAHA**

**TREASURER**

**03/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO  
Name MCGOWAN, SHAWN B  
Address 75 NEW HAMPSHIRE AVENUE  
SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801