

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004826

**Entity Name:** ASHLAND BRANDED FINANCE, INC.**Current Principal Place of Business:**100 VALVOLINE WAY  
LEXINGTON, KY 40509**Current Mailing Address:**100 VALVOLINE WAY  
LEXINGTON, KY 40509 US**FEI Number:** 61-1283534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O 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	PRESIDENT, ASST. TREASURER & DIRECTOR
Name	FREEMAN, LYNN P
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

Title	VP
Name	SCHMELZER, NICOLAS H
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

Title	DIRECTOR
Name	CIERI, ANTHONY J
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

Title	DIRECTOR, VP, TREASURER
Name	THOMPSON, JASON L
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

Title	SECRETARY
Name	PANTOVA, LAURA I
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

Title	ASST. SECRETARY - TAX
Name	HAGAN, CLAYTON T
Address	100 VALVOLINE WAY
City-State-Zip:	LEXINGTON KY 40509

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:** NICOLAS H SCHMELZER

VICE PRESIDENT

04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date