

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002371

**Entity Name:** THE NATURE'S BOUNTY CO.**Current Principal Place of Business:**2100 SMITHTOWN AVENUE  
RONKONKOMA, NY 11779**Current Mailing Address:**90 ORVILLE DRIVE  
BOHEMIA, NY 11716 US**FEI Number:** 11-2228617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CEO, DIRECTOR  
Name CAHILLANE, STEVEN  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VC  
Name KAMIL, HARVEY  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title PRESIDENT, GLOBAL WHOLESALE  
Name WYNNE, BRIAN  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title DIRECTOR  
Name HOLT, ALLAN M.  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title ASST. SECRETARY, CHIEF  
ACCOUNTING OFFICER  
Name LOONEY, JOSEPH  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title SENIOR VP, HUMAN RESOURCES  
Name PACKER, KARLA  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title DIRECTOR  
Name DE BENEDETTI, MARCO  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title CHAIRMAN  
Name HORBACH, SANDRA J.  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

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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:** STRATIS PHILIPPIS**SECRETARY****01/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WAGNER, ELLIOT J.  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title DIRECTOR  
Name ESSNER, ROBERT  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title DIRECTOR  
Name ARNOLD, SUSAN  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title DIRECTOR  
Name BERNAUER, DAVID  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title SECRETARY  
Name PHILIPPIS, STRATIS  
Address 2100 SMITHTOWN AVENUE  
City-State-Zip: RONKONKOMA NY 11779