

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003349

**Entity Name:** FOREVERMARK US, INC.

**Current Principal Place of Business:**

300 FIRST STAMFORD PLACE  
3RD FLOOR  
STAMFORD, CT 06902

**Current Mailing Address:**

300 FIRST STAMFORD PLACE  
3RD FLOOR  
STAMFORD, CT 06902 US

**FEI Number:** 27-4244784

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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 SECRETARY  
Name MCGINLEY, BRIAN R.  
Address DENTONS US LLP  
4520 MAIN STREET, SUITE 1100  
City-State-Zip: KANSAS CITY MO 64111-7700

Title VICE PRESIDENT OF FINANCE AND STRATEGY  
Name SANTORO, MELISSA  
Address 300 FIRST STAMFORD PLACE  
3RD FLOOR  
City-State-Zip: STAMFORD CT 06902

Title EXECUTIVE VICE PRESIDENT  
Name JACHEET, MARC  
Address 300 FIRST STAMFORD PLACE  
3RD FLOOR  
City-State-Zip: STAMFORD CT 06902

Title HR BUSINESS PARTNER  
Name POLLARD, MEREDITH  
Address 300 FIRST STAMFORD PLACE  
3RD FLOOR  
City-State-Zip: STAMFORD CT 06902

Title CFO, BRANDS & CONSUMER MARKETS  
Name PREGNOLATO, ALEX  
Address 300 FIRST STAMFORD PLACE  
3RD FLOOR  
City-State-Zip: STAMFORD CT 06902

*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:** MELISSA SANTORO

VICE PRESIDENT OF FINANCE AND STRATEGY 04/17/2023

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

\_\_\_\_\_  
Date