

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003504

FILED
Apr 17, 2015
Secretary of State
CC7625100719

Entity Name: AMERICAN COLLOID COMPANY

Current Principal Place of Business:

622 THIRD AVE.
NEW YORK, NY 10017

Current Mailing Address:

622 THIRD AVE.
NEW YORK, NY 10017 US

FEI Number: 36-3952525

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 VP
Name CIPOLLA, MICHAEL A.
Address 622 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title PRESIDENT, DIRECTOR
Name MORRISON, GARY D.
Address 2870 FORBS AVE.
City-State-Zip: HOFFMAN ESTATES IL 60192

Title CEO, DIRECTOR
Name CASTAGNA, GARY L.
Address 2870 FORBS AVE.
City-State-Zip: HOFFMAN ESTATES IL 60192

Title VP, TREASURER, DIRECTOR
Name DIETRICH, DOUGLAS T.
Address 622 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title VP
Name BARTOL, MIKE
Address 2870 FORBS AVE.
City-State-Zip: HOFFMAN ESTATES IL 60192

Title VP
Name PAPP, JAMES E.
Address 2870 FORBS AVE.
City-State-Zip: HOFFMAN ESTATES IL 60192

Title SECRETARY
Name MEEK, THOMAS J.
Address 622 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY
Name SUDNIK, ALEXANDER K.
Address 622 THIRD AVE.
City-State-Zip: NEW YORK NY 10017

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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: MICHAEL A. CIPOLLA

VICE PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name NIGOHOSIAN, LEON
Address 622 THIRD AVE.
City-State-Zip: NEW YORK NY 10017