

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000409

Entity Name: NEWELL BRANDS INC.**Current Principal Place of Business:**221 RIVER STREET
HOBOKEN, NJ 07030**Current Mailing Address:**221 RIVER STREET
HOBOKEN, NJ 07030 US**FEI Number:** 36-3514169**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 SECRETARY
Name TURNER, BRADFORD R.
Address 6655 PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name STROBEL, STEVEN J.
Address 6655 PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name ICAHN, BRETT
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name CREW, DEBRA A.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name TODMAN, MICHAEL A.
Address 6655 PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title TREASURER
Name WESTREICH, ROBERT
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name MATHER, COURTNEY R.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name LOPEZ, GERARDO I.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

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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: BRADFORD R. TURNER**SECRETARY****02/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRAIGIE, JAMES R.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title ASSISTANT SECRETARY
Name DAVE, RAJ
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR, PRESEIDENT
Name SALIGRAM, RAVI
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name BERMAN, BRIDGET RYAN
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name CAMPBELL, PATRICK D.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name STEELE, ROBERT A.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR
Name SPRIESER, JUDITH A.
Address 221 RIVER STREET
City-State-Zip: HOBOKEN NJ 07030