

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003711

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC4886749818**

**Entity Name:** INGEVITY CORPORATION

**Current Principal Place of Business:**

5255 VIRGINIA AVENUE  
NORTH CHARLESTON, SC 29406

**Current Mailing Address:**

5255 VIRGINIA AVENUE  
NORTH CHARLESTON, SC 29406

**FEI Number:** 47-4027764

**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 D  
Name VOORHEES, STEVEN C  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title D  
Name DICKSON, WARD H  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title P  
Name VOORHEES, STEVEN C  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title VP  
Name DICKSON, WARD H  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title S  
Name MCINTOSH, ROBERT B  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title T  
Name STAKEL, JOHN D  
Address WESTROCK COMPANY, 504  
THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

*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:** WARD H. DICKSON

**DIRECTOR**

**02/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date