

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F15000003711

FILED
Apr 16, 2021
Secretary of State
2275293226CC

Entity Name: INGEVITY CORPORATION

Current Principal Place of Business:

4920 O'HEAR AVE
SUITE 400
NORTH CHARLESTON, SC 29405

Current Mailing Address:

4920 O'HEAR AVE
SUITE 400
NORTH CHARLESTON, SC 29405 US

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 CEO & PRESIDENT, DIRECTOR
Name FORTSON, JOHN C
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title SECRETARY
Name COZAD, STACY L
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name BLACKWELL, JEAN S
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name FITZPATRICK, MIKE
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name LYNCH, FRED
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name SANSONE, DANIEL
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name FERNANDEZ-MORENO, LUIS
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

Title DIRECTOR
Name GULYAS, DIANE H
Address 4920 O'HEAR AVE
SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405

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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: STACY L. COZAD

SECRETARY

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NARWOLD, KAREN G
Address 4920 O'HEAR AVE
 SUITE 400
City-State-Zip: NORTH CHARLESTON SC 29405