

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003711

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9247719930CC**

**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            CEO  
Name            WILSON, D MICHAEL  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            CFO  
Name            FORTSON, JOHN C  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            SECRETARY  
Name            BURGESON, KATHERINE P  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            DIRECTOR  
Name            KELSON, RICHARD B  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            DIRECTOR  
Name            BLACKWELL, JEAN S  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            DIRECTOR  
Name            FITZPATRICK, MIKE  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            DIRECTOR  
Name            LYNCH, FRED  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

Title            DIRECTOR  
Name            SANSONE, DANIEL  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406

**Continues on page 2**

*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:** KATHERINE P. BURGESON

**SECRETARY**

**02/11/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FERNANDEZ-MORENO, LUIS  
Address        5255 VIRGINIA AVENUE  
City-State-Zip: NORTH CHARLESTON SC 29406