

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003711

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**5936067497CC**

**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  
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 KELSON, RICHARD B  
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

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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**

**02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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