

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2018
Secretary of State
CC7239105350

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

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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: KATHERINE P. BURGESON

SECRETARY

01/23/2018

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