

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005944

Entity Name: SIPLAST, INC.

**Current Principal Place of Business:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

P.O. BOX 6210  
TAX DEPARTMENT  
PARSIPPANY, NJ 07054 US

FEI Number: 74-2025584

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 SECRETARY, SENIOR VICE  
PRESIDENT, DIRECTOR, BUSINESS  
AFFAIRS, GENERAL COUNSEL  
Name LONCAR, MATTHEW  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CEO, PRESIDENT, DIRECTOR  
Name ALTMAYER, JOHN  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CHIEF TAX COUNSE, ASSISTANT  
SECRETARY  
Name FELDMAN, LOUIS  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title HEAD OF TAX, ASSISTANT  
SECRETARY  
Name DICK, ARLENE  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER  
Name GIANUKAKIS, JOHN  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

Title CFO, DIRECTOR  
Name GEORGES, PHILIPPE  
Address 1 CAMPUS DRIVE  
City-State-Zip: PARSIPPANY NJ 07054

*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: MATTHEW LONCAR

SECRETARY

02/12/2024

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

\_\_\_\_\_  
Date