

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006946

Entity Name: HILL'S PET NUTRITION SALES, INC.**Current Principal Place of Business:**HILL'S PET NUTRITION
ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
TOPEKA, KS 66603**Current Mailing Address:**HILL'S PET NUTRITION
ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
TOPEKA, KS 66603 US**FEI Number:** 74-2855767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	DANIELS, JENNIFER M.
Address	HILL'S PET NUTRITION ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
City-State-Zip:	TOPEKA KS 66603

Title	VP, TREASURER
Name	DODGE, JAMES EDWARD
Address	HILL'S PET NUTRITION ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
City-State-Zip:	TOPEKA KS 66603

Title	PRESIDENT, DIRECTOR
Name	BRONS-POULSEN, PETER
Address	HILL'S PET NUTRITION ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
City-State-Zip:	TOPEKA KS 66603

Title	DIRECTOR
Name	HICKEY, DENNIS J.
Address	HILL'S PET NUTRITION ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
City-State-Zip:	TOPEKA KS 66603

Title	VICE PRESIDENT & SECRETARY
Name	MCCARTHY, JOYCE
Address	HILL'S PET NUTRITION ATTN: LEGAL DEPARTMENT 400 SW 8TH AVENUE
City-State-Zip:	TOPEKA KS 66603

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: JAMES EDWARD DODGEVICE PRESIDENT &
TREASURER

04/15/2015

Electronic Signature of Signing Officer/Director Detail_____
Date